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ABSTRACT

This book presents the results of an extended study of service integration efforts in Colorado, Florida, Indiana, and Oregon, highlighting the nature of existing service integration and the potential of systemic reform efforts. The first part of the book examines the range and complexity of current service integration efforts, offers a definition of the term, and presents the study's rationale and purpose, its conceptual model, and an overview of service integration in the four states chosen for analysis. Part 2 examines the events and conditions outside specific service integration efforts that may influence their creation, development, and effectiveness. Part 3 examines the implementation of service integration efforts, investigating and discussing in detail the following six factors: (1) the individual or multiple fields to be integrated; (2) the most effective level (state or local) at which service integration can be accomplished; (3) different approaches to service integration; (4) financing; (5) leadership; and (6) private sector, consumer, and media involvement. Part 4 examines the results of service integration efforts focusing on systemic accomplishment and human outcomes. Part 5 synthesizes and integrates the results and discusses the implications for future service integration efforts. An appendix contains a detailed examination of the service integration efforts for each of the states under investigations and contacts in the four states. Contains 60 references. (AA)

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Toward Systemic Reform: Service Integration for Young Children and Their Families

Sharon L. Kagan Stacie G. Goffin
Sarit A. Golub Eliza Pritchard

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Toward Systemic Reform: Service Integration for Young Children and Their Families

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TABLE OF CONTENTS

Acknowledgements 1

Part I - Introduction

Chapter 1 - A Source for Critical New Learning 5
Chapter 2 - Defining Service Integration 11
Chapter 3 - Study Design 15

Part II - Context

Chapter 4 - The Importance of Context 31

Part III - Implementation

Chapter 5 - Issues of Domain in Service Integration 45
Chapter 6 - State and Local Roles. 55
Chapter 7 - Approaches and Strategies to Effect Change 71
Chapter 8 - The Multiple Roles of Financing 81
Chapter 9 - Advancing Service Integration Through Leadership . . . 91
Chapter 10 - Soliciting Non-Governmental Support 101

Part IV - Results

Chapter 11 - Defining Results for Service Integration. 113
Chapter 12 - Systemic Accomplishments 117
Chapter 13 - Human Outcomes 131

Part V - Conclusion

Chapter 14 - Toward Systemic Reform: Findings and Implications for Action 143

References 157

Appendix I - Case Studies

The State of Colorado. 163
The State of Florida 181
The State of Indiana 203
The State of Oregon 221

Appendix II - Contacts in the Four States 243

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The National Center for Service Integration (NCSI) — established in 1991 with grants from the United States Department of Health and Human Services — is a collaboration of multiple organizations that works to promote service integration efforts nationwide by serving as a technical assistance resource and information clearinghouse. We wish to thank all of NCSI's collaborators, expressing special appreciation for the direction provided by Deborah Both and William Morrill of Mathtech.

The Ewing Marion Kauffman Foundation is an operating and grantmaking foundation based in Kansas City, Missouri, that aims to confront the unfulfilled needs of society and develop, implement, and/or fund breakthrough solutions. We would like to express our appreciation to the foundation's Communications department for producing this report.

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Finally, we wish to acknowledge Yale University, its Bush Center in Child Development and Social Policy, and its Child Study Center for providing the academic freedom necessary to pursue honest intellectual inquiry.

PART I

The fragmentation of services for young children in this nation has been lamented broadly over the past several decades. A 1972 report by the National Academy of Sciences describes the situation as an "uncoordinated scramble of governmental and non-governmental representatives for children and families" (National Academy of Sciences, 1972).

Early childhood services, in particular, lack a shared vision or sustained public commitment. As a result, service delivery has been inequitable, incomprehensive, and scattered. Several factors have caused this: (1) an ideological emphasis on the privacy of the family; (2) crisis-oriented public policy; (3) an emphasis on means testing that segregates children by income; and (4) sporadic government intervention as a means to greater social ends (war, economic productivity, etc.). This lack of coordination in early care and education has been widely documented (Bruner, 1991; Kahn & Kamerman, 1987; Levy, Kagan, & Copple, 1992; Mitchell, 1989; Sugarman, 1991).

Moreover, throughout the history of early care and education, a number of efforts designed to increase the supply of services to children have actually caused greater fragmentation. Without a cohesive public policy for children, a large number of federally funded and uncoordinated categorical programs (72 by last count) arose to address children's needs (Gardner, S., 1994). States responded by creating their own early care and education programs. Their commitments have varied from intense and durable to sporadic and short-lived. Many providers, recognizing a strong need for early care and education programs, sprung up in the underground, unregulated market. Finally, large numbers of for-profit child care centers emerged to meet the needs of American families. The result has been unconnected programs with few controls, few mechanisms for organization, and little coordination. Early care and education has become a field in which dedicated practitioners are forced to compete with their colleagues for resources, causing a continual struggle not only *for* new programs, but *among* them.

The Emergence of Reform in Early Care and Education

While fragmentation in early care and education still exists today, significant and innovative reform efforts in the field date back to the 1960s. Within a relatively short period of time, a number of programs were developed to support young children including: Head Start, Title XX, the Elementary and Secondary Education Act, Title VII of the Housing and Urban Development Act, Model Cities legislation, Community Action Programs, and Community Health Centers. While the federal government had addressed early care and education in the past (i.e., during the Great Depression and World War II), the early childhood initiatives of the 1960s were the first to become enduring components of a publicly supported early care and education landscape (Kagan, 1991). Although these multiple new initiatives represented an important step forward in addressing the needs of young children and their families, the consequences of layering additional efforts on the existing non-system of early care and education were soon realized. It became clear that attempts to fix the puzzle simply by adding more disjointed pieces would only exacerbate service problems.

It became clear that attempts to fix the puzzle simply by adding more disjointed pieces would only exacerbate service problems.

As a result, national attention to young children began to focus more on coordination — providing the seeds for service integration in the field of early care and education. In 1967, with the amendment of the Economic Opportunity Act, Congress urged the Department of Health, Education, and Welfare (HEW), now the Department of Health and Human Services, and the Office of Economic Opportunity to coordinate all child care programs under their jurisdictions. Their job was to create common standards and mechanisms to coordinate programs at the state and local levels (National Academy of Sciences, 1972). Shortly thereafter, in 1968, the White House proposed a Federal (Interagency) Panel on Early Childhood. Now-defunct, the Community Coordinated Child Care (4C) program was launched in 1971 to coordinate early care and education services in communities nationwide by encouraging local programs to share staff and services and engage in activities such as cross-training.

Local communities, which felt the fragmentation of early care and education services perhaps most strongly, joined the national push for coordination. Neighborhoods set out to establish coherent child care arrangements by creating information and referral systems — many of which were direct outgrowths of the 4C projects. These referral systems created a link between early care and education services by providing training and community-wide data bases (Morgan, 1972). Gradually, local information and referral systems became part of the resource and referral agencies that currently operate nationwide and continue to be an important impetus for collaboration and coordination in early care and education (Harbin & McNulty, 1990; Siegel, 1983). Similar collaborative legacies at the local level emerged from other key integrative efforts, including special education legislation and Head Start demonstration efforts such as Project Developmental Continuity. Also related were growing local efforts to integrate services through special education and family support projects, which focused on serving children and families holistically through broad-based community engagement.

The Rise of Service Integration

General service integration secured a national foothold in the early 1970s, due in large part to significant federal leadership (Kagan, 1993). HEW carried out the major service integration efforts of this era, which were launched mainly in response to the disorganization and categorical fragmentation resulting from Great Society supports. By the early 1970s, HEW had developed 300 separate programs, many of which overlapped each other as well as programs in other federal departments.

Recognizing both the need for and the scarcity of information about service integration, HEW launched the Service Integration Targets of Opportunity (SITO) Project in 1972. SITO was designed to generate information regarding the methods and effects of service integration through diverse demonstration projects. Following the SITO projects, other HEW research and demonstration efforts emerged, including the Partnerships Grants Program (1974) and the Comprehensive Human Services Planning and Delivery System projects (1975). Despite this proliferation of efforts, the findings from these demonstration projects were far from conclusive and provided only limited lessons

General service integration secured a national foothold in the early 1970s, due in large part to significant federal leadership.

In addition to service integration demonstration projects, the legislature paid significant attention to service integration in the early 1970s. Solarz (1973) notes a number of legislative initiatives with an integrative focus including: The Intergovernmental Cooperation Act (as amended in 1972); The Allied Services Act (1972); The Responsive Governments Act proposed by HUD; and The Integrated Grants Administration in OMB.

Similar to the service integration research and demonstration efforts, legislative initiatives experienced only limited success, often failing to pass in Congress or becoming riddled with competing concerns. The Allied Services Act, for example — which was designed to facilitate unified service delivery in HEW programs by strengthening state and local planning and administrative capacities, and allowing for waivers of federal requirements and the transfer of funds between programs — was criticized for a number of problems. These included the over-allocation of power to state Governors, lack of attention to professional preparation, weak emphasis on public/private sector cooperation, and the concern that service integration would be used to cut federal expenditures.

Service integration efforts in the late 1970s and early 1980s sought to add precision to the reform strategy. Many of the early efforts were lodged in HEW, thereby focusing on general human service integration rather than integration within any one field. Later integrative efforts, however, were launched from individual disciplinary perspectives such as health, mental health, and early care and education (beginning with the coordination efforts previously mentioned). The goal of these initiatives was to integrate services across funding streams within a discrete field, while striving to coordinate within-field services with supports and initiatives in other domains. Single domain efforts provide useful information on the viability of service integration as a reform strategy for different disciplines, although many have debated the repercussions of this field-by-field approach to service integration. Some argue that within-field integration is a prerequisite to general service integration, while others contend that this "categorical" approach represents a fundamental obstacle to integration.

Current Efforts at Integration

In the 1990s, efforts to integrate services for young children have become increasingly prevalent. The federal government has contributed to this trend in part through the reauthorization of major comprehensive programs including Head Start, the Child Care and Development Block Grant (CCDBG), and the Family Support and Preservation Act. Federal funding of the National Center for Service Integration — a collaborative effort to promote the study and implementation of service integration nationally — is further evidence of this commitment. In addition, through Goal 1 of the National Education Goals, as well as a new goal stressing the importance of family/school/community partnerships, the government has provided a focal point for early childhood integration efforts nationwide.

In recent years, states and communities have also increased their commitments to young children and have focused significant energy on reforming the early care and education systems that exist, often using service integration as a key reform strategy. Federal CCDBG dollars have served as a catalyst for states to engage in collaborative planning, comprehensive, integrated training efforts, and coordinated service referral (Blank, 1993). Family center initiatives — which integrate services and provide comprehensive support to families at central community sites — exist in states throughout the country. Local communities have also been integral to reform, often focusing on community-based planning and the goal of establishing a comprehensive, coordinated, and integrated infrastructure for early care and education.

Fertile activity at both the state and local levels has led to significant debate regarding the most effective locus (state or local) for systemic reform.

Such fertile activity at both the state and local levels has led to significant debate regarding the most effective locus (state or local) for systemic reform. Some authors contend that service integration must be accomplished at the local level, because it is at the local level that families and service providers encounter difficulties with disintegrated services (Hagebak, 1979; Mellaville, Blank, & Asayesh, 1993). Others feel it is more appropriate at the state level, given the fact that states have greater access to and control over human service funding and implementation.

While there are individuals who espouse both sides of this controversy, much current thinking focuses heavily on locally based initiatives, community planning, and a "bottom-up" approach to policy construction (Bruner, 1991; Marzke, et al., 1992; Morrill, 1991). With less attention being given to the state role in systemic reform, the following questions remain largely unexplored: What are the contributions of state involvement in service integration? Can states work to institutionalize and support service integration across counties and communities? What pathways exist between states and localities in the service integration process? What synergy exists between the two levels?

A Source for Critical New Learning

Significant federal attention to comprehensive programs for young children, coupled with vibrant state and local reform efforts, have caused service integration both within the field of early care and education and between early care and education and other domains to flourish. Early care and education has become a laboratory for the use of service integration as a strategy for systemic reform. Increasing numbers of case examples are available at the federal, state, and local levels to provide information about past and present theories and definitions of service integration.

As service integration is still an evolving mechanism, there are many questions regarding the positive changes it can make for young children and their families. Can service integration correct fragmentation both within early care and education and between the field and other domains? If so, will this result in improved service delivery and outcomes for young children and their families? How do coordinative efforts from early care and education shape and test service integration as a strategy for reform? In short, an enormous opportunity now exists to examine the nature of an important movement and investigate its potential to make systemic improvements that significantly better the lives of our nation's young children and families.

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DEFINING SERVICE INTEGRATION

Before examining the issue of service integration, it is important to define exactly what we mean by the term. Throughout the years, scholars and practitioners have been unable to agree on a single, widely held definition of service integration, leaving the concept open to multiple interpretations.

Three factors help account for this difficulty. First, there is disagreement over whether service integration is a means or an end of reform. While some believe that the creation of an integrated service system is itself an important end accomplishment, others argue that service integration is important only as a mechanism to effect positive changes for children and families.

Second, scholars and practitioners disagree about the implementation of service integration. As discussed in Chapter One, such controversy focuses on whether service integration efforts should be located at the federal, state, or local level; or whether a categorical, field-by-field approach to service integration is preferable to one that integrates across multiple domains.

Third, there is often a lack of interaction between operational and theoretical definitions of service integration. Too often, theory fails to capture the practical complexities of efforts in the field, while practice remains uninformed by theory.

To address these issues and contribute to a greater understanding of service integration, we propose a definition of service integration that attempts to integrate both practical and theoretical perspectives. Our definition focuses on three components: (1) the goals of service integration; (2) the functions of service integration; and (3) the approaches and strategies through which service integration is accomplished.

Throughout the years, scholars and practitioners have been unable to agree on a single, widely held definition of service integration, leaving the concept open to multiple interpretations.

Goals

As previously indicated, there has been a traditional ambivalence in the field regarding the ultimate goals of service integration. Service integration is considered a reform strategy designed to improve the human service system; at the same time, it is seen as a reform strategy that improves outcomes for children and families. In many analyses of service integration, these two goals are examined separately, with scholars associating distinct service integration strategies with each goal (Redburn, 1977).

Additionally, there has been controversy over the correct relationship between these two goals. Some argue that improved child and family outcomes cannot be achieved in the absence of systemic accomplishments, because infrastructural reform both precedes and determines the direct service reforms that affect clients (Morris & Lescohier, 1978). Others argue that it is possible to have improved outcomes for children and families in the absence of systemic accomplishments, because integrated direct services may operate independent of infrastructural supports (Martin et al., 1983).

This study assumes that because the two goals have been considered and examined separately, an understanding of their synergistic nature has been lost. We suggest that service integration efforts must simultaneously address goals that affect systems and people. According to our definition, the goal of service integration is to increase the efficiency and effectiveness of systems providing human services, through both infrastructural reform (e.g., improved training/professional development, regulation, financing, and other supports), and direct service reform (e.g., an increased number of services, more equitable distribution of services, and higher quality services). At the same time, the goal of service integration is to positively impact human outcomes, enabling children and families to experience a higher quality of life.

This characterization of service integration rejects a strict causal relationship between systemic accomplishments and human outcomes — wherein the former is a prerequisite for the latter — but acknowledges a relationship between the system and its clients. We hypothesize that more effective and efficient functioning of human service systems will result in changes in child and family outcomes. However, these systemic accomplishments may not always directly improve child and family outcomes for several reasons. First, human outcomes may be improved by factors external to service integration efforts, such as economic recovery or increased employment opportunities. Second, systemic integration, without attention to the quality of direct services included in the service system, may not be able to improve human outcomes. It seems, then, that in order to assess how service integration fulfills its goals, we must examine systemic accomplishments and human outcomes separately.

In order to assess how service integration fulfills its goals, we must examine systemic accomplishments and human outcomes separately.

Functions

The second part of our definition — the functions of service integration — has been only marginally acknowledged in the literature of the field. Most explanations of service integration's function refer to the "creation of linkages" (Gans & Horton, 1975; Kusserow, 1991). This terminology is somewhat vague, however, giving little guidance regarding what service integration actually does.

This study suggests that service integration has four basic functions: (1) to bring together previously unconnected services; (2) to overturn past practice, policy, or bureaucracy; (3) to create mechanisms that work to promote and sustain integrative strategies; and (4) to change relationships for and among people and institutions. It is important to note that we do not mean to use this description as a test or checklist for service integration efforts; however, we contend that comprehensive service integration efforts are best facilitated when all four functions have been addressed.

Approach

For the third part of our definition — approach — we draw from an earlier model that classified service integration strategies into four dimensions (Agranoff & Pattakos, 1979). Building on this model, Kagan (1993) has identified four approaches taken by service integration efforts: client-centered; program-centered; policy-centered; and organizationally-centered. Each approach focuses on a different aspect of integration and encompasses a different set of implementation strategies.

The classification of service integration into four approaches provides an important frame for examining the implementation of service integration initiatives. As part of our working definition, we assume that no one approach or strategy satisfies all four of service integration's functions as defined by this study. For example, client-centered integration can bring together previously unconnected services, but it does not necessarily create mechanisms that promote and sustain integration. Policy-centered integration can work to create these mechanisms, but it may not directly bring together previously unconnected services.

This study assumes that service integration is facilitated through the interaction of various approaches and their attendant strategies. For example, policy-centered integration, wherein agencies pool categorical funds, may foster a joint funding agreement between two agencies (program-centered integration). In turn, these policy- and program-centered strategies may affect strategies in other approaches: a client with needs that fall under the jurisdiction of two separate agencies may receive both services in an integrated manner (client-centered integration); a single state office may be created to coordinate joint funding agreements in a given service area (organizationally-centered integration). In short, the by-product of a strategy in one approach (i.e., the pooling of categorical funds) can become an enabling force for a strategy in another approach (i.e., a joint funding agreement between two agencies). The emphasis in this study, therefore, is on the synergy between approaches and their accompanying strategies, not on causal relationships.

Summary

In summary, this study's definition of service integration has three components — goals, functions, and approaches. We maintain that the goal of service integration is two-fold: to increase the efficiency and effectiveness of systems providing human services, and to positively impact child and family outcomes. In turn, we assert that service integration has four basic functions: (1) to bring together previously unconnected services; (2) to overturn past practice, policy, or bureaucracy; (3) to create mechanisms that work to promote and sustain integrative strategies; and (4) to change relationships for and between people and institutions.

Approaches to Service Integration

- **Client-centered** — focuses on the point of interaction between service providers and clients. Its primary strategies are case management and integrated information and referral.
- **Program-centered** — creates linkages between programs or agencies so that services and resources can more efficiently and effectively serve clients. Its primary strategies include: the creation of planning councils; the collocation of programs; streamlined application/intake; and pooled funding.
- **Policy-centered** — refers mainly to governmental efforts to form linkages between strands of the human service system, including state agencies, community organizations, and local service providers. Its primary strategies include the creation of advisory bodies and blended funding.
- **Organizationally-centered** — refers to efforts by government to reconfigure relationships between government agencies or offices, usually to facilitate integration in the other three dimensions. Its primary strategies include: reorganization or restructuring within a department; restructuring across departments; and the reconfiguration of lines of accountability.

Finally, we believe there are four approaches to affecting service integration — client-centered; program-centered; policy-centered; and organizationally-centered — and that each approach is linked to accompanying strategies. Most importantly, we contend that today's service integration efforts cannot concentrate on only one goal, function, approach, or strategy in the creation of an initiative; rather, they must create combinations of approaches and strategies to meet diverse goals and functions. The focus of this study is to discern the conception, process, and results of these initiatives.

STUDY DESIGN

Given the range and complexity of current service integration efforts (see Chapter One), it seems timely to launch a study of different service integration initiatives in four states, focusing on issues and trends integral to the service integration process. This chapter presents the study's purpose, explains its conceptual model, and provides an overview of service integration initiatives in the four states chosen for analysis. It also acts to guide the reader through the chapters that follow, as the report is organized according to the conceptual model.

Study Purpose

Based on the background and rationale presented in Chapter One, this study has four major purposes:

- to examine in a limited number of states and their communities how service integration functions as a comprehensive reform strategy and how it can improve human services for young children (birth to 5 years of age) and their families;
- to explain linkages between the context, implementation, and results of service integration initiatives;
- to explore the potential of service integration to target and improve specific child and family outcomes;
- to articulate key findings and recommendations for the early care and education and service integration fields.

Conceptual Model

To analyze service integration initiatives in four states, we created a conceptual model that describes these efforts by examining three basic components: context, implementation, and results (see Figure 1, page 16).

CONTEXT

Context refers to events and conditions outside specific service integration efforts that may influence their creation, development, or effectiveness. We identified five such contextual variables:

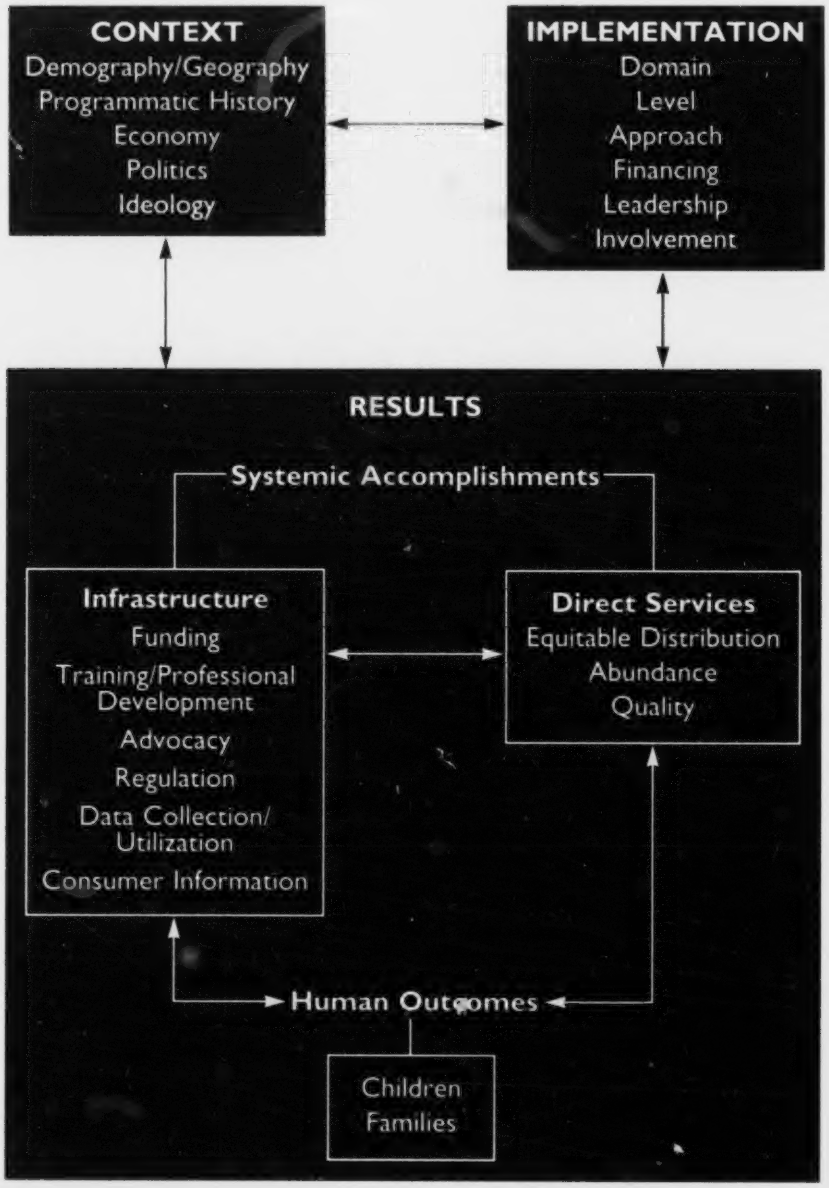
- **Demography/geography** — refers to factors such as population density, percentage of children in poverty and the presence of natural boundaries.
- **Programmatic history** — refers to the state's past commitment to young children and to the landscape of programs that serve as a backdrop for service integration efforts.
- **Economy** — refers to the fiscal capacity of both states and localities.
- **Politics** — refers to practical considerations for systemic reform, such as

the composition and relative power of the state legislature and the structure of accountability across state human services.

- **Ideology** — refers to the variety of attitudes and ideological emphases that help to shape service integration and the provision of human services within the state.

These five variables, and their potential impact on service integration in the four states studied, are discussed in the next chapter, "The Importance of Context." To explain the effects of context on the inception, nature, and progress of service integration initiatives, that chapter discusses the development of service integration efforts as a bi-directional, multi-dimensional, "untidy" process.

Conceptual Model
Figure 1


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

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IMPLEMENTATION

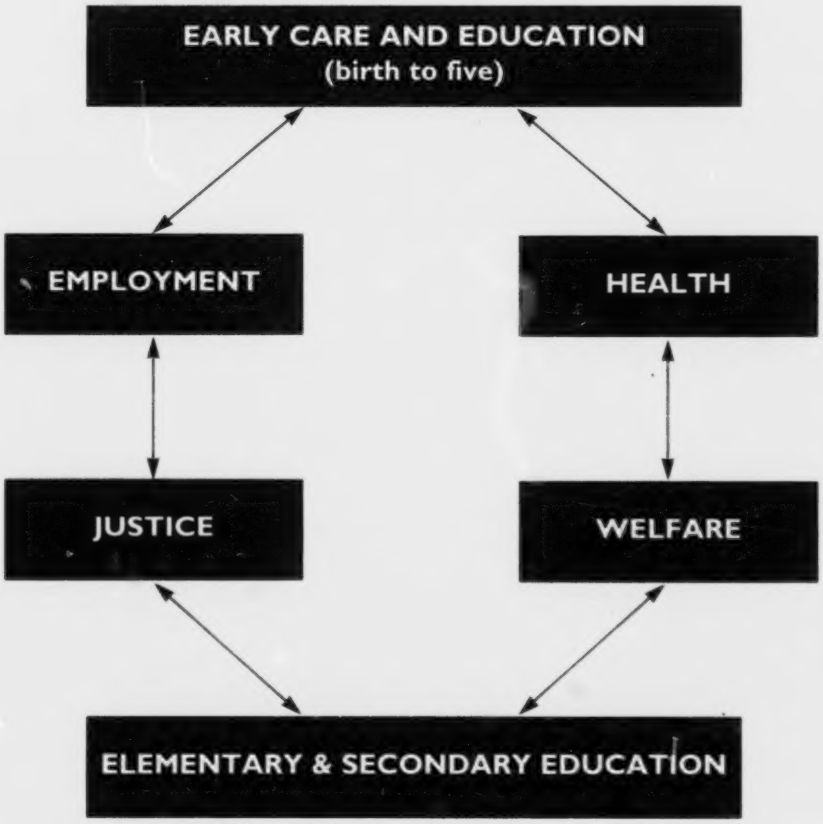
In examining the implementation of service integration efforts, we chose six complex factors for investigation, each of which is discussed in detail in the chapters that follow.

- Domain — Chapter Five
- Level — Chapter Six
- Approach — Chapter Seven
- Financing — Chapter Eight
- Leadership — Chapter Nine
- Involvement — Chapter Ten

A brief definition of each factor is provided below.

Domain

The intent of this study is to examine state efforts to integrate services for young children, birth to 5 years of age, and their families. In defining which human services affect young children and their families, this study acknowledges the following six human service domains: (1) early care and education; (2) health; (3) welfare; (4) elementary and secondary education; (5) justice; and (6) employment (see Figure 2 below).


EARLY CARE AND EDUCATION
(birth to five)
EMPLOYMENT
HEALTH
JUSTICE
WELFARE
ELEMENTARY & SECONDARY EDUCATION

Human Service Domains
Figure 2

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As explained in Chapter One, the domain of early care and education offers a unique opportunity for the study of service integration efforts because of a history of deep-seated schisms in the early care and education field. This history is coupled with recently increased federal attention to comprehensive programs for young children, and the rise of state and local efforts to reform their early care and education systems. The early care and education field is an arena of much activity and sweeping change. Given this context, we chose to view state service integration efforts through the window of early care and education. In so doing, we classify service integration efforts into two categories — those that integrate services within the domain of early care and education and those that integrate services across domains.

Within-domain efforts focus on integration between programs and services in the early care and education field (e.g., state prekindergarten programs; for-profit child care; nonprofit child care; Head Start; subsidized child care; and early childhood special education). Across-domain efforts focus on integration between one or more agency or service provider in the early care and education domain and agencies and service providers in one or more of the other human service domains (see Figure 3, page 19).

Chapter Five, "Issues of Domain in Service Integration," provides examples of both within- and across-domain service integration initiatives observed in the four states. It identifies the key trends in and challenges of each focus, exploring the intricate relationship between them.

Level

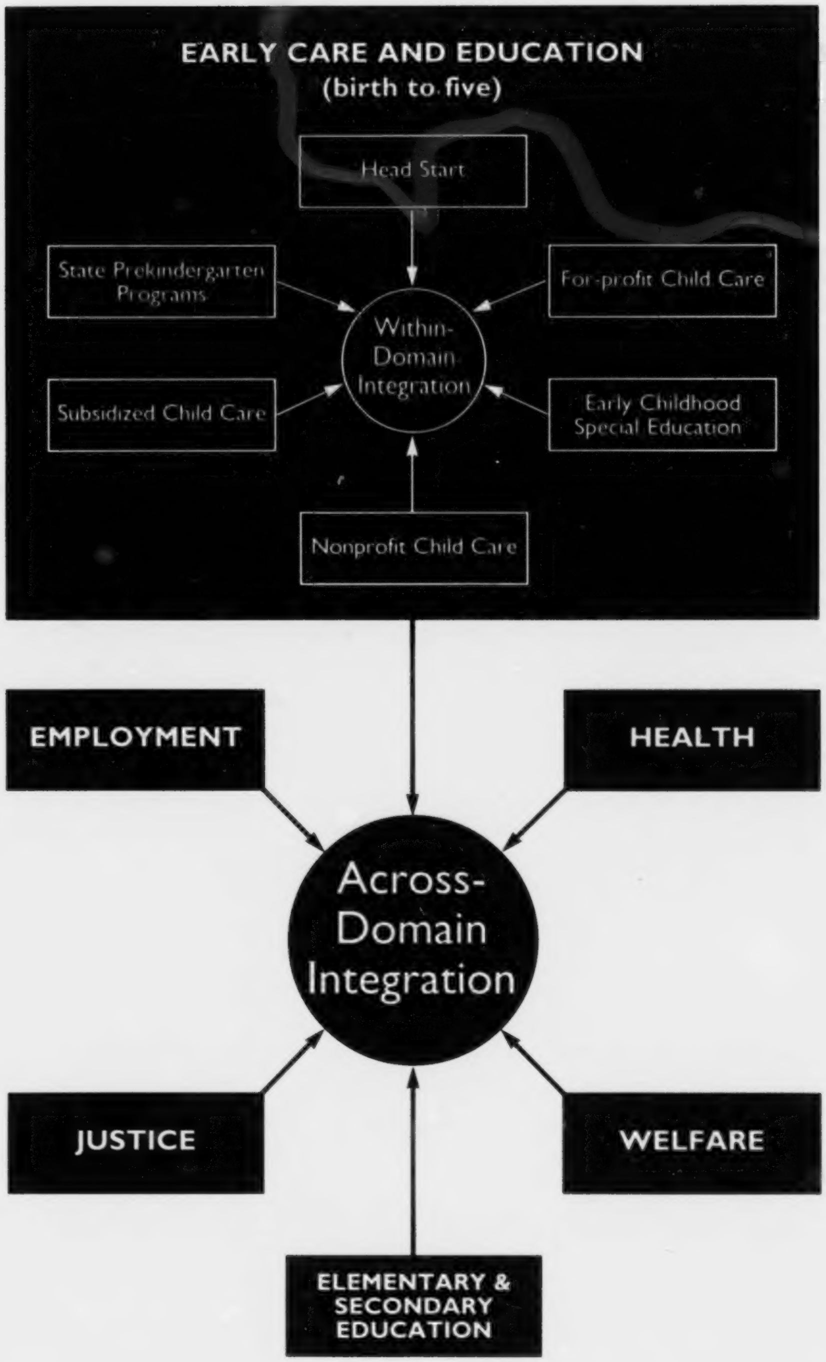
As explained in Chapter One, this study was conceived in the context of debate regarding the most effective level (state or local) at which service integration can be accomplished. The study explores the unique contributions of both levels, broadening conceptions of the "most effective locus" for service integration efforts. In addition, the study examines the linkages between state and local levels, seeking to clarify how such linkages shape service integration initiatives.

Chapter Six, "State and Local Roles," discusses the history of relations between states and localities that sets the context for current service integration initiatives. Chapter Six explores the roles and responsibilities assumed by both the state and local levels in effecting service integration initiatives and explains patterns of linkages between levels in the four states studied. It also covers issues vital to the creation of state/local partnerships in the implementation of service integration efforts.

Approach

As discussed in Chapter Two, we have identified four approaches to service integration implementation: client-centered, program-centered, policy-centered, and organizationally-centered.

Human Service Domains
Figure 3


EARLY CARE AND EDUCATION
(birth to five)
Head Start
State Prekindergarten Programs
For-profit Child Care
Within-Domain Integration
Subsidized Child Care
Early Childhood Special Education
Nonprofit Child Care
EMPLOYMENT
HEALTH
Across-Domain Integration
JUSTICE
WELFARE
ELEMENTARY & SECONDARY EDUCATION

*While we acknowledge the instrumental contributions of special education both to the field of early care and education and to service integration in general, for the purposes of this study we have focused on the other dimensions of early care and education depicted above.

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Chapter Seven, "Approaches and Strategies to Effect Change," explains each of the four approaches, examining its accompanying strategies and explaining how each is manifest in the four states studied. Chapter Seven also examines the interaction between different approaches and strategies within each of the four states, suggesting the importance of using strategies from multiple approaches in the creation of a comprehensive service integration initiative.

Financing

Service integration has been suggested as a key strategy for reforming an ailing human service financing system; at the same time, creative use of financing mechanisms is crucial to the development and success of service integration agendas and initiatives.

Chapter Eight, "The Multiple Roles of Financing," looks at four issues related to service integration financing: funding sources; the allocation process; the amount of funding available; and the roles of financing strategies. The chapter also explores the importance of financing to the inception, development, and durability of service integration initiatives.

Leadership

This study also focuses on understanding the importance of leadership to the service integration process. Chapter Nine, "Advancing Service Integration Through Leadership," aims to explain the varied contributions of leadership to service integration efforts. The chapter identifies *types* of leaders (individual and organizational) crucial to the development of service integration initiatives, and concentrates on leadership *functions* of particular importance to service integration efforts.

Involvement

While our study is focused primarily on service integration efforts within the government sector, we acknowledge the importance of non-governmental supports to the success and advancement of service integration agendas. Chapter Ten, "Soliciting Non-Governmental Involvement," focuses on *private sector*, *consumer*, and *media* involvement in service integration efforts. In exploring the nature of non-governmental engagement, Chapter Ten discusses non-governmental involvement in the four states studied and points to key issues related to each type of engagement.

RESULTS

The final component of our conceptual model addresses the results of service integration efforts, focusing on two major categories: systemic accomplishments and human outcomes. Chapter Eleven, "Defining Results for Service Integration," explains our interpretation of results, providing a framework for the discussion in subsequent chapters.

Systemic Accomplishments

Chapter Twelve, "Systemic Accomplishments," addresses the first category of results, which refers to reforms in the human service delivery system, including both *infrastructural* and *direct service* accomplishments. We define infrastructure as critical functions of an integrated early care and education system, including: funding, training/professional development, advocacy, regulation, data collection/utilization, and consumer information. Direct service accomplishments include equitable distribution, increased abundance, and enhanced quality of services. In delineating these two areas of systemic accomplishments, we assume an interactive relationship, with improvements in infrastructure often working to effect direct service accomplishments and vice versa.

Human Outcomes

Chapter Thirteen, "Human Outcomes," addresses the second category of results, discussing the potential for service integration to effect marked differences in the lives of young children and their families. It examines the difficulties in undertaking an outcomes orientation and explores linkages between outcomes specification and service integration in the states visited. The human outcomes discussed in this chapter are assumed both to shape and be shaped by systemic accomplishments, as shown in the conceptual model.

The context, implementation, and results of service integration initiatives interact not only in a linear fashion — with context affecting implementation, and implementation leading to results — but in complex, multi-directional ways.

INTERACTION OF THE COMPONENTS OF THE CONCEPTUAL MODEL

The conceptual model for this study is based on the three components previously discussed — **context, implementation, results** — and their interrelationships. It is important to note that this study is based on the hypothesis that the context, implementation, and results of service integration initiatives interact not only in a linear fashion — with context affecting implementation, and implementation leading to results — but in complex, multi-directional ways. For example, in addition to shaping the implementation of an effort, context might also directly affect results, in spite of, or in addition to, components of the implementation process. A weak economic situation may restrict resources to children and families and could limit an initiative's results, in spite of a promising service integration implementation process. Therefore, the arrows in the model indicate the relationships that exist within and among each of the components, suggesting that these relationships are highly interactive and non-linear.

Study Method

FORMULATING HYPOTHESES

Using the conceptual framework described earlier in this chapter, we developed more than 30 hypotheses to guide our investigation. Highly tentative, the hypotheses helped to frame our thinking and to generate field questions for use during site visits to the four states.

IDENTIFYING SITES

In January 1994 we began a site identification process to target the limited number of states that would provide the research base for the study. We began by conducting a key informant survey, holding telephone interviews with thirteen national early childhood professionals and professionals in the service integration field. We asked each respondent to recommend states whose efforts were at the forefront of service integration for young children and families. We also asked them to base their recommendations on the presence of the following criteria: (1) promising work at both the state and local levels; (2) comprehensive service integration efforts; and (3) integration efforts targeted to specific areas, including training, financing, advocacy, and regulation.

By concentrating on states that had received three or more recommendations in any of the categories under consideration, we were able to pare the original list of 25 states down to twelve possible states. Desiring site diversity — seeking either strong state involvement, strong local involvement, comprehensive reform, targeted reform (financing, training), or all of the above — we selected eight states to investigate further. In the next phase of investigation we conducted a literature review and in-depth telephone interviews with key in-state contacts involved in service integration. These states included: Colorado, Delaware, Florida, Hawaii, Indiana, New Mexico, North Carolina, and Oregon.

SELECTING SITES

An average of eight contacts in each of the states were interviewed about the history, nature, accomplishments, and possible future of their service integration efforts. After obtaining this information and reviewing related literature, a preliminary report on each state was prepared. Based upon these reports, each site was re-evaluated according to our original site selection criteria as well as additional variables including: the relative stability and feasibility of state integrative efforts (in terms of financial support, political backing, and longevity); state demographics; geography; politics; and Kids Count data. Searching again for both strength and variety across these elements, we selected *Colorado*, *Indiana*, *Florida*, and *Oregon* as our four research sites.

PREPARING FOR SITE VISITS

We prepared for the site visits from February to March 1994. To solidify our research frame, we created a set of 64 research questions for use during interviews in each of the states. We then specified the types of contacts at both the state and local levels that would provide us with the information we sought through interviews. In each state, we planned to speak to the following: a person with knowledge of the state's service integration history; two leaders of state service integration initiatives; a legislator; a Governor's representative; a media representative; a child and family advocate; a business representative or funder involved in state efforts; and a "challenger" — a person critical of the state's integrative initiatives. At the local level, we specified similar contacts: a focus group of providers involved in local service integration efforts; a focus group of service consumers; two leaders of local integrative initiatives; a local leader linked to state efforts; a business representative involved in local service integration; and a challenger.

To facilitate the matching of these contact types with knowledgeable individuals in the states, we selected a site visit coordinator for each state who set up an agenda and provided us with reading materials for advance review.

VISITING THE STATES

In March and April of 1994 we visited each of the four states for three days, interviewing a total of 162 people, averaging 40 contacts per state.

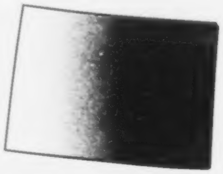
PREPARING CASE STUDIES AND THE FINAL REPORT

Upon returning from the site visits, we drafted a descriptive case study of each state, which we subsequently sent out for state review and revised according to state suggestions. From April through October, we synthesized interview transcripts, written materials from the states, general literature, and our hypotheses, research questions, and conceptual model for the production of this report.

Study Sites

All four states studied were involved in a variety of children and family initiatives, although not all were called service integration efforts. States have launched public awareness campaigns, advocacy movements, preschool programs, and resource and referral networks to serve young children and their families. However, for the purposes of this study, we chose to study only state initiatives that were specifically involved in service integration activities. These service integration initiatives are referred to as our units of analysis and are described in the summaries that follow as well as in the individual case studies (see Appendix 1, page 161).

COLORADO



In Colorado, we chose four initiatives as our units of analysis: State Efforts in Early Childhood Management Team (SEEC); Early Childhood Management Team (ECMT); Family Centers; and Health and Human Services Restructuring.

SEEC is a coordinating body composed of senior level state agency management staff concerned with the well-being of young children from birth to 8 years of age. Convened in 1991, SEEC works to create a more comprehensive, effective, and family-centered service delivery system.

ECMT resides in the Prevention Initiatives division of the Colorado Department of Education. ECMT includes Department of Education staff who are responsible for overseeing state and federal early childhood programs. The Team problem solves ways in which its human and financial resources can be pooled to provide services to at-risk children in a more integrated fashion.

Colorado's Family Centers were approved by the state legislature in 1992 as the vehicle for the collocation of programs and the provision of community-based, family-centered service delivery. Eight counties were selected as pilot sites for the Family Center project, and each site was given a planning grant to assemble a community team, identify a project coordinator, complete a county needs assessment, and create a comprehensive plan for its own Family Center. Federal block grant funds from six state departments, amounting to $195,000, were earmarked for planning grants to the eight sites.

At the state level, the Family Centers project is housed in the Department of Social Services and has its own full-time coordinator. A statewide Advisory Council appointed by the Governor is charged with monitoring the program's implementation and advocating for its expansion. There is also a Family Center Council composed of team leaders from each of the eight sites who meet bi-monthly to share information and make recommendations to the state Advisory Council. In 1994, the state legislature approved the expansion of the Family Centers project, increasing its allocation to $960,000 and allowing for the creation of eight additional Family Centers.

The final unit of analysis in Colorado is its Health and Human Services Restructuring. Passed by the legislature in 1993, Colorado's Restructuring is an attempt to overturn past practice and bureaucracy by reconfiguring relationships within and among state agencies. It is based on the belief that the integration of programs and funding at the state level will serve as a catalyst for similar changes in communities. Extensive training is being planned for state level staff to promote the concept of service integration. A new bill, passed during the 1994 legislature, mandates further restructuring at the local level. Communities are to designate local interagency committees that will create community plans to facilitate the integration of local human services. Changes from Health and Human Services Restructuring at the state level will be phased in over a six-month period beginning in July 1992 and will be monitored by a legislative oversight committee. Restructuring is not accompanied by state funds; it is seen as a cost-saving initiative. It is hoped that some funds saved by Restructuring will be funneled back into the social service system.

FLORIDA

Florida also has four initiatives classified as service integration units of analysis: the State Coordinating Council; the Prekindergarten Program; Blueprint 2000; and Full Service Schools.

In 1989, the Florida legislature created a State Coordinating Council (SCC) to foster the integration of the programs, services, and resources of both state and local agencies serving preschool children from birth to 5 years of age and their families. The Council consists of 30 appointed members, targeted to provide diverse representation from public schools, health care, parents, child care, and the disabilities and business communities. SCC is an independent body that makes recommendations to the legislature and to state agencies. The Council is focused on young children, but it attempts to address their comprehensive needs, including education, health, and other social services. The Council relies on the Departments of Education and Health and Rehabilitative Services for administrative staff and support, and it has an annual budget of $77,500, financed through a state appropriation.

Florida's Prekindergarten Program (Pre-K), established by the state legislature in 1986, provides early education to at-risk 3 and 4-year-olds. Each of Florida's 67 school districts, in cooperation with its district's Interagency Coordinating Council (including representatives of subsidized child care, private child care, Head Start, Pre-K Handicapped, and parents), has created a plan for the provision of early education services to its district's children. Districts are given state lottery enhancement funds and are asked to use this money either to provide a Pre-K Program in a school or to contract with a private provider. The total funds available for the Pre-K Program amount to more than $63 million. At the state level, each district's plan must be approved by the Commissioner of Education. A staff of Department of Education employees provides technical assistance.

Blueprint 2000 is an initiative that focuses on school improvement and accountability within each individual Florida school. Passed by the legislature in 1991 and approved by the State Board of Education in 1992, Blueprint 2000 asks school boards to establish an Advisory Council in every school in their district, responsible for the creation and implementation of community-based collaborative plans for school improvement and accountability. School Advisory Councils include teachers, parents and students, as well as representatives from district social service agencies, post-secondary education, the business sector, and community organizations. At the state level, the Florida Commission on Education Reform and Accountability is responsible for making recommendations to the legislature and the Board of Education regarding the components and the development of a successful school improvement and accountability system. Blueprint 2000 is seen not as a new program, but as a reorientation of schools, so the initiative is not accompanied by new funds.

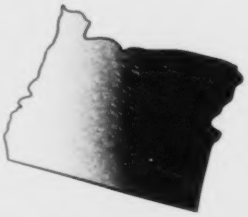
Finally, Florida has instituted a Full Service Schools program, facilitated jointly by the Department of Education and the Department of Health and Rehabilitative Services. Created in Florida Statute in 1990 and funded for implementation in 1991, Full Service Schools are designed to integrate health, education, and social services on school sites. Each Full Service School is overseen by a Community-based Committee whose representatives vary by location. At the state level, the schools receive technical assistance from an Interagency Workgroup on Full Service Schools, composed of personnel from the Departments of Education, Health and Rehabilitative Services, Labor and Economic Security, and the Governor's Office. As of May 1993, 337 Full Service Schools were funded, through a joint allocation amounting to more than $31 million from the Departments of Education and Health and Rehabilitative Services.

INDIANA

In contrast to the first two states, Indiana has instituted a single statewide service integration initiative that combines local level planning and implementation with state level vision and technical assistance. Indiana's initiative, called Step Ahead, encompasses all services in the state directed at children from birth to 13 years of age. Passed by the state legislature in 1991, the initiative has created local Step Ahead Councils in each of Indiana's 92 counties. These local councils — made up of community representatives from schools, child care, the health department, social services, and the lay community — act as agents for county collaboration, planning, and mobilization. Each local Step Ahead Council was given a Step Ahead planning grant (ranging from $5,510 to $98,736) to conduct a county needs assessment and create a plan of action for its community. Local Council implementation strategies, as expressed in its plan of action, must be tied to articulated needs and are usually programmatic in nature.

At the state level, three mechanisms work together to sustain the Step Ahead process. First, the state Step Ahead Office, located in Indiana's Family and Social Services Administration, provides training and technical assistance to local Councils and acts as a liaison between the Councils and many branches of state government. In addition, the state Step Ahead Office is the source of many statewide projects, such as the development of Child Development Associate (CDA) training programs or the creation of a statewide Family Information System. Second, the Step Ahead Panel — the initiative's legislatively mandated oversight body — meets monthly to discuss the progress of the counties and to examine the state's role in the Step Ahead process. Third, the Kitchen Cabinet, made up of senior level management staff from all state agencies who provide services to families and children, meets once a month; its members make themselves available to representatives from local Councils seeking assistance with their county plans of action.

In October 1993, Indiana submitted to the federal government a State Consolidated Plan, which expands the Step Ahead process. Termed the Indiana Collaboration Project (ICP), the expansion involves a state/federal governing partnership designed to streamline funding mechanisms and bureaucratic requirements of both federal and state governments in order to facilitate local level service delivery. In addition, the creation of ICP broadens the scope of Step Ahead to include the provision of services to children from birth to 18 years of age and their families. ICP was endorsed by President Clinton in January 1994, and in April, Indiana held its first Collaboration Summit. The Summit included members of a White House Working Group and other federal officials, together with officials from ten state agencies, and representatives from eleven local Step Ahead Councils.



OREGON

Service integration in Oregon involves a partnership among three initiatives: Oregon Commission on Children and Families, Oregon Benchmarks, and the allied efforts of the Commission for Child Care and the Child Care Division.

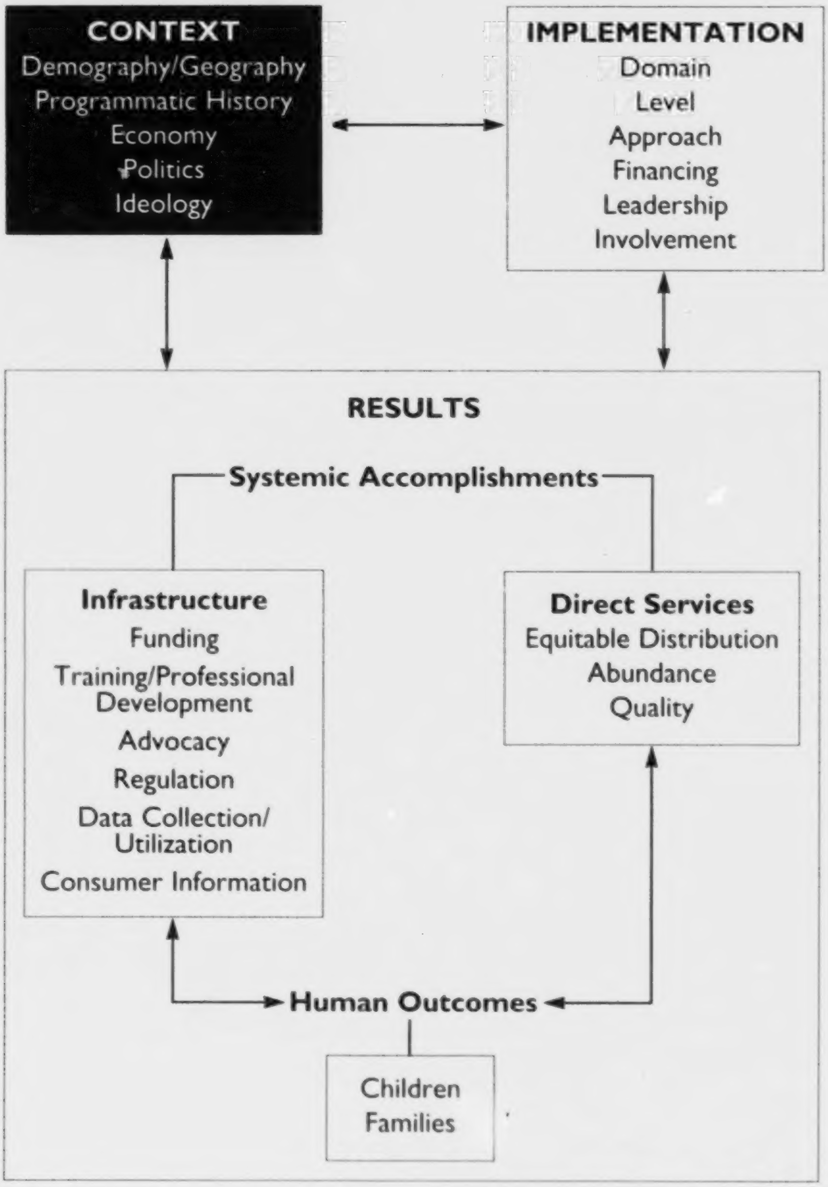
The Oregon Commission on Children and Families was established by state legislation in 1993 to create a more integrated, accessible, preventive statewide system of services for children and their families. The Commission is composed of fourteen members, including state representatives, business representatives, and members of the lay community (defined as anyone not currently delivering human services) who have demonstrated an interest in children. Local Commissions on Children and Families have been created at the county level; the majority of their membership must be from the lay community. The state Commission is responsible for setting parameters and defining broad goals for the initiative; local Commissions are responsible for conducting county needs assessments and creating plans of action to reduce fragmentation and duplication of services at the local level. Each local Commission has been given a budget, distributed according to a population based formula. Local grants range from $300,000 to $4 million and are transferred from the state Commission budget of approximately $38 million.

Oregon Benchmarks is a statewide outcomes-based initiative that provides a basis for many public, private, and collaborative efforts. The 272 Oregon Benchmarks set precise goals for Oregon's citizens, economy, and quality of life that transcend programs, agencies, sectors, and branches of government. Adopted by the state legislature in 1991, the Benchmarks initiative is overseen by the Oregon Progress Board, which consists of government appointees representing business, philanthropic, and academic communities. The state level board works to bring together different organizations, commissions, and communities to focus on the achievement of specific Benchmarks via a number of different strategies. Local Progress Boards are being considered in counties across the state to serve as a coordinating link for the various local commissions and organizations adopting

Benchmarks. Although the Benchmarks themselves are not designated as service integration per se, their adoption and implementation has fostered various service integration strategies across the state.

The Commission for Child Care (CCC) was created by the Governor in 1985 to study the conditions of child care in the state and to make recommendations to the Governor and the legislature. Currently, CCC remains an analytic and information sharing mechanism designed to assess services received by young children in the state and to recommend systemic reforms to improve these services. The creation of the Child Care Division (CCD) was one of the first systemic changes recommended by CCC. CCD is responsible for the coordination, planning, and administration of the Child Care and Development Block Grant (CCDBG). The Commission for Child Care and the Child Care Division focus their allied efforts on advocacy, public education, and policy recommendations. In addition, CCC/CCD work to maintain a focus on young children in both the Benchmarks efforts and Oregon Commission for Children and Families.

PART II
CONTEXT


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/ Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Demographic changes can exacerbate and accentuate service needs and social tensions, thereby turning attention toward strategies to reform service systems.
- Differences between rural and urban communities is a prominent geographic factor that influences the willingness and capacity of various localities to implement service integration initiatives.
- Limited programmatic attention to children and families historically — experienced in each of the four states — can lead to the following strategies: deliberate state level (gubernatorial) intervention on the part of children and families, utilization of federal funds, and local efforts at coordination. These strategies, in turn, can shape service integration initiatives.
- Economic constraints can act as accelerators or decelerators of service integration efforts, though economic factors alone seldom seem influential enough to spur the inception of service integration.
- Political divides and structural complexities in legislatures, along with divisions between Governors and Commissioners of Education, appear to be among the most difficult political factors currently faced by service integrators.

No service integration initiative begins in a vacuum; each is etched from a complex set of contextual variables that lend force and shape to the initiative. As a result, service integration efforts cannot be fully understood without an analysis of the context in which they exist.

The purpose of this chapter is to examine the complex evolution of service integration efforts as they are shaped by contextual factors. As mentioned in Chapter Three, we have identified five contextual variables crucial to service integration efforts: (1) demography/geography; (2) programmatic history; (3) economy; (4) politics; and (5) ideology. The first section of the chapter examines each variable and clarifies the potential impact it has had on service integration initiatives in the four states studied. The second section explains how the interactions between initiatives and their contexts contribute to the dynamic nature of service integration.

Contextual Variables

DEMOGRAPHY/GEOGRAPHY

The four states observed in this study range in population from 3 million (Oregon) to 13 million (Florida). In each state, multiple ethnicities are represented, with Florida having the most diverse population composed of more than 100 different ethnic groups. Florida, Oregon, and Colorado are growth states, with population increases being particularly high in Florida — now considered one of the fastest growing states in the nation — and Oregon — where the rate of population growth has doubled in the past five years.

Children in the four states constitute significant portions of the population. In Indiana, children under 12 comprise 20 percent of the population; in Florida, there are more children under age 18 than there are adults over the age of 62. Growth rates of child populations are rising, with the greatest increase occurring in Florida. In the 1980s, the number of children birth to 4 years of age increased by 53 percent in Florida, giving the state the second fastest growing birth-to-age 4 population in the country.

Geographically, three of the four states have "divides" created by physical boundaries. For example, in Colorado and Oregon mountain ranges traverse and divide the states. Similarly, Florida's panhandle is set apart from the peninsula. Other divides in the states are created between rural and urban regions. All four states contain substantial rural areas that are typically dependent on the land either through farming or forestry.

These demographic and geographic variables significantly affect the inception, nature, and development of service integration initiatives. Population increases — especially in child and ethnic populations — can accentuate and exacerbate service needs and social tensions, thereby shifting attention toward strategies to reform service systems. In Florida, demographic changes during the 1980s highlighted the necessity of providing for the growing number of at-risk children, leading the state to create programs such as Chapter 411 and the Child Care Advisory Council — precursors to Florida's current efforts to integrate services for children and their families. In addition, population size and composition can determine the shape and success of an integrative initiative. For example, a comprehensive, statewide initiative such as Oregon's Commission on Children and Families that may be feasible in a state of 3 million people, might not be successfully implemented or even considered in a state with a population as large as Florida's 13 million.

Though direct cause and effect relationships are hard to discern, other demographic factors — the percentage of children in poverty, the percentage of children in single family homes, infant mortality rates — come into play in service integration initiatives. For example, severe infant mortality rates can cause a state to focus attention and concentrate dollars on prenatal and infant health, leaving other areas — including service integration— deprived of funds.

The case is similar with geographic factors — many appear to affect service integration, though direct consequences remain largely undefined. One geographic factor appearing in all four states, however, does stand out as a significant influence on the shape of the service integration initiatives observed: the divide between rural and urban areas. Traditionally, rural populations feel isolated from urban centers, which are more likely to receive money and attention from the state level. As a result, several of the service integration projects studied — such as Indiana's Step Ahead and the Oregon Commission on Children and Families — are trying to involve rural communities, providing them with both financial and technical assistance. However, because of their diverse histories, rural and urban communities are not always at the same place in the development of social services; nor are they always equally able or willing to accept service integration as a reform strategy. Given that geographic divides such as the rural/urban split often represent deeper sociological divides, it is important that state level service integration initiatives address the challenges of engaging rural communities and designing efforts that can operate in diverse geographic settings. Otherwise, statewide integration and coordination could be difficult to achieve.

PROGRAMMATIC HISTORY

Another critical contextual variable to consider in relation to service integration is programmatic history, or the historic commitments of a state to children and families. What were the precedents for service integration activity, if any? How has the state responded over time to the needs of children and families?

Although the four states studied vary slightly on this dimension, none historically made intense commitments to children and families — a shared past that is not surprising given federalist traditions in this nation (see Chapter Six). In Colorado, for example, little attention and fewer state dollars

Findings (cont.)

- Ideological aversion to government intervention in the lives of children and families presents challenges to many service integration initiatives, which must adopt cautious and deliberate strategies to garner broad-based support.
- Service integration does not follow a clear linear path of development; rather, integrative efforts evolve from unique programmatic and contextual antecedents and are untidy in process due to the rapid growth of multiple other initiatives and the involvement of diverse players.

were directed toward children's services until the fairly recent administration of Governor Lamb (1975-1986). To the contrary, there was even resistance to the use of federal dollars for children's services, due to the legitimate fear that "strings" in the form of regulations and mandated expenses would be tied to the federal money.

Not unique to Colorado, limited state support also prevailed in Indiana, where significant commitments to children and families can be dated even more recently to the start of the Bayh administration in 1989. In Florida, state level involvement on behalf of children and families was minimal until the 1970s, when Title XX money was procured. Finally, Oregon is also marked by limited historical commitment to children, with some suggesting that the state has paid more attention over time to its fish and timber than to its families.

In several states, historic inattention to supporting children and families actually kindled the spark for current efforts.

Such inattention to children, while accurate historically, is not reflective of the current thinking in each of the four states. Indeed, as this study reveals, these states have turned the corner and are addressing children's issues head-on with some of the most innovative efforts in the nation — many of which focus on service integration. How have they done this given their limited programmatic histories, and what are the consequences for service integration?

In several states, historic inattention to supporting children and families actually kindled the spark for current efforts. Recognizing the lack of support, Governors — Graham in Florida, Goldschmidt in Oregon, Bayh in Indiana, and Romer in Colorado — responded, bringing children, families, and human development to the forefront of their agendas. The shock of the states' historic inattention to children, harnessed and addressed by their Governors, was a critical factor in reorienting these states toward supporting children and families.

"Riding the wave" of the new children's agenda in each state, senior managers and agency heads — such as Governor Bayh's advisors in Indiana and the former Commissioner of Education in Florida — then channeled the agenda into service integration initiatives, thereby using concern about children to spark systemic reform (see Chapter Nine). Overall, the limited programmatic history of each state necessitated significant, deliberate state level intervention for service integration initiatives to take root statewide.

Not surprisingly, this history has also compelled caring advocates and officials in these states to wisely use federal, rather than state, funds for many of their child and family initiatives. For example, in Colorado, P.L. 99-457 provided the state's only financially supported early childhood services until the passage of the Colorado Preschool Program in 1991. In Indiana, even the creation of Step Ahead in 1990 — backed by new state attention to children and families — was in part related to the influx of CCDBG funds from the federal government. While important in launching and supporting states' efforts, federal funds come with a host of categorical requirements and regulations that complicate efforts at service integration (see Chapter Eight). The use of federal funding as a means to bypass state inattention to children and families can have mixed results for service integration initiatives.

Local efforts to support children and families represent another means to overcome limited programmatic history at the state level. Florida has been particularly successful in this approach, with Alachua County's historical efforts to integrate diverse early care and education programs, and Pinellas County's establishment of the Juvenile Welfare Board preceding and influencing the state's more recent efforts to integrate services for children and families. Initiatives similar to these local efforts — such as the Department of Education's Collaborative Partnership Projects, and 1990 legislation permitting the development of Juvenile Welfare Boards (now termed Children's Services Councils) in counties throughout the state — have since strengthened the integrative agenda in Florida.

ECONOMY

Like many states in the nation, the economic contexts of the four states observed in this study vary over time, with the economies alternately characterized as "boom" or "bust." Colorado currently exemplifies a "boom" state, with a healthy economy fortified by an influx of industry — especially in the area of telecommunications — and population. Florida's economy has also been described as healthy, though its growing population may be starting to strain the economic situation somewhat. Indiana managed to remain comparatively stable economically during the 1980s, but has recently been experiencing a down-turn. Oregon, also stressed by a population influx, is currently marked by economic growth in high technology and shipping in the Portland area; in contrast, the timber industry has experienced considerable layoffs due to automation, and the result has been increasing dependence on state unemployment.

Despite fluctuating economies and significant areas of economic strength, each of the states faces inescapable economic pressures begun in the 1980s and extending into the current decade. In some cases, such pressures are manifest in citizen revolts against government taxing. For example, on a wave of public support, Oregon recently passed Ballot Measure 5, which places a cap on property tax assessments levied on the state's citizens. Along similar lines, Colorado is experiencing the effects of its Amendment 1 — a measure that restricts annual expenditures to a 6 percent increase over the previous year's budget and contains government spending on social services. Florida is not well equipped to face economic constraints due to its limited tax base; the state has no income tax and relies heavily on usage fees and sales tax, which are highly sensitive to fluctuations in tourism and employment. Finally, in the current context of economic pressures, Indiana faces a $1.1 billion deficit that has led to spending cuts larger than any in Indiana's history.

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On the one hand, such economic constraints set the stage for service integration, particularly when it is regarded as a cost effective means to reduce service duplication and streamline government. For example, the passage of Amendment 1 in Colorado has been a driving force for the state's Health and Human Services Restructuring — an initiative designed to enhance economic and bureaucratic efficiency at the state level. The restructuring bill includes a provision which states that any dollars saved by restructuring will be used to finance direct services, thus enabling Colorado to serve more clients without expending additional revenue.

On the other hand, in spite of its streamlining function, service integration does demand dollars. In the face of economic pressures, these dollars are often likely to be diverted to better understood and more widely recognized direct service programs. In Indiana, for example, initial opposition to Step Ahead centered around the concern that funds would be taken away from many of the state's direct services. In short, a state's economic context can act as both an accelerating and decelerating force behind service integration. Rarely, however, do economic issues seem sufficiently powerful to catalyze the inception of service integration initiatives; factors such as growing political concern about the well-being of at-risk children appear more influential in this respect.

Having service integration proposals hung up in the legislature, when sessions are short and waits in between them long, can mean a significant loss of momentum as well as opportunity for coordination and systemic reform.

POLITICS

The four states share common political divisions and structural complications that pose a number of potential consequences for service integration. None of the states experience the control of a single party in the state house and in both branches of the state legislature. Each state legislature has at least one house that is republican-dominated, with Florida being the exception; its house contains a majority of democrats, while its senate is exactly half republican and half democratic.

Other legislative issues relate to structural complexities. In some states — including Oregon — legislatures meet only every other year, with "short" interim sessions. In these cases, power tends to concentrate in ongoing committees, be they the budget or executive committees. Short legislative sessions in some states impose further tensions, as does a lack of staff to carry out the increasing demands being placed on state legislators. Such political divides and logistical difficulties in the legislature are not easily trod by service integrators. This reality is particularly noteworthy since in each of the four states studied, the majority of state level service integration initiatives are established through legislation. Having service integration proposals hung up in the legislature, when sessions are short and waits in between them long, can mean a significant loss of momentum as well as opportunity for coordination and systemic reform.

In addition to legislative issues, service integrators in some of the states face a divide between the Commissioner of Education and the Governor. In each of the four states, the Commissioner of Education is either elected by the populace at large or appointed/elected by an independent state board rather than by the Governor. In some cases, the Commissioner of Education is of the same party and the same ideological orientation as the Governor. In other cases, the political and ideological divide between the two officials is wide — perhaps even wider than may be suggested by simple party designation. As a result, service integration initiatives sometimes exclude the Department of Education from their efforts. For example, in Colorado, Health and Human Services Restructuring does not include the Department of Education, leading some to question the pervasiveness of the restructuring effort, especially related to its effects on the domain of early care and education.

These issues represent just a few of the pressing political concerns faced in service integration initiatives; there are others: increased citizen participation in the political process through direct referendum; the challenges of communicating complex concepts to the general public; and contrasting liberal and conservative pockets of voters. In all, however, service integration initiatives in the four states studied seem — at least currently — to be successful in harnessing gubernatorial and legislative support.

IDEOLOGY

Ideological emphases can play an important role in shaping the development of service integration. In each state observed, the most significant ideological factor faced by service integrators is general public reluctance to support government involvement in the lives of children and families, reinforced in most cases by a fundamentalist presence, by fiscal conservatism advocating lower government expenditures on social services, and by strong individualism (especially notable in Colorado and Oregon). Due to this ideological orientation, constituents in the states tend to separate the supportive responsibilities of families and of state government. They see the government mainly as the guarantor of public safety and security and families as the main supporters of children's well-being. In each of these states, as throughout much of America, there is little resistance to building jails or advancing stricter methods of dealing with criminals, though there is grave concern about supporting increases in welfare, for example.

This ideological orientation has presented a number of challenges for service integration efforts. Service integrators in the four states have had to work strategically to garner broad-based support in sometimes quite unreceptive environments. This has meant — in cases such as Indiana's Step Ahead — holding back from media coverage in the early stages of an initiative to avoid inaccurate coverage and to protect the embryonic effort from the skepticism of the opposition. Step Ahead and other service integration efforts, including the Oregon Commission on Children and Families, have deliberately crafted their images — clearly defining their goals and structures — in order to present a united front to the public.

Another strategy used to solicit broad-based support for service integration initiatives is the inclusion of diverse non-governmental representatives in planning and implementation (see Chapter Ten). The involvement of a a variety of constituents in service integration, while having clear potential to give an initiative legitimacy in the eyes of the larger public, also brings risks. With such diverse involvement, a developing effort may be less sheltered, less protected from opposition, and less carefully nurtured within government. Thus, emphasis on limited government intervention in the lives of children and families has necessitated that service integrators in the four states walk a fine line between shielding their initiatives and engaging important, though potentially oppositional constituents.

The Dynamic Nature of Service Integration

With all of the contextual variables previously discussed — demography/geography, programmatic history, economy, politics, and ideology — affecting the inception, nature, and progress of service integration initiatives, a clear and linear path, following identifiable stages, can hardly be expected in the development of service integration. Indeed, efforts in the four states indicate that service integration develops according to a bi-directional, multi-dimensional process. Rather than evolving in discrete stages — as has been suggested in traditional analyses of systemic reform — or according to a spiraling process in which linear development periodically "loops back on itself to gain strength" (Melaville, Blank, & Asayesh, 1993), the service integration efforts studied herein are evolutionary and untidy.

EVOLUTION

Each of the service integration initiatives observed in this study emanated from a unique history, based on its past efforts and contexts. Given this reality, it is difficult to define fixed and broadly applicable stages of development related to service integration. Examples from each of the states serve to illustrate this evolution and diversity.

The evolutionary process is perhaps most notable in Florida, where the history of service integration is characterized by a series of permutations of councils and initiatives, followed by the birth of new efforts based on common principles and missions. Some of the state's first integrative efforts were launched in the 1970s, through Community Coordinated Child Care Projects and resource and referral agencies developed in the field of early care and education. Early childhood advocates involved in these efforts began to join together in the mid-1980s, causing Governor Graham to set up the Child Care Advisory Council — housed in the Department of Health and Rehabilitative Services — in 1985.

A year later, the state's Prekindergarten Program — overseen by the Pre-K Council established in the Department of Education — and the Handicapped Prevention Act (Chapter 411) were established in legislation. Suddenly, there was a proliferation of early childhood initiatives, which soon appeared fragmented and inefficient in relation to one another. To remedy the situation, the Child Care Advisory Council and the Pre-K Council were combined in 1989 through an amendment to Chapter 411. This action melded the three original initiatives and created the State Coordinating Council as a consolidated advisory body. Since 1989, the State Coordinating Council has acted as a strong force supporting the development of new service integration initiatives — notably, Blueprint 2000 and Full Service Schools.

Though the nature of the current efforts in each state is different due to the variation in programmatic histories, service integration in Oregon has followed a similar path to that of Florida in that several early initiatives have more recently been transformed into new, consolidated efforts. For example, under the direction of the Commission for Child Care (established in 1985), an Office of Child Care Coordination was set up in the Department of Human Resources (DHR). In 1993, both the Commission and the Office (which has become the Child Care Division) were transferred to the Employment Department to consolidate the work of separate child care functions and to establish early care and education as an overarching economic issue — a need for all children, not just those from poor or welfare-dependent families served through DHR.

Similarly, the Oregon Community Children and Youth Services Commission of 1989 — designed to foster the coordination of services to children, youth, and families at the state and local levels — was revamped in 1993 to become the Oregon Commission on Children and Families. Aiming to revitalize and enhance the effectiveness of the older Commission, a bipartisan Children's Care Team including business representatives, providers, parents, and advocates planned for and proposed the change.

Though not involving as many permutations as in Florida and Oregon, the process of service integration in Colorado has also been evolutionary and incremental, emanating historically from one main rallying point — the Governor's Policy Academy Team on Families and Children At-Risk. Focused on rethinking the state's system of delivering human and educational services and on coordination across agencies, the Team produced a Strategic Plan for Colorado's Families and Children in 1990. Recommendations in the plan formed the basis for the 1992 establishment of the Family Centers and the 1993 passage of Health and Human Services Restructuring.

Indiana presents an interesting contrast historically and structurally to Colorado, Florida, and Oregon. Step Ahead was not originally designed to remedy, consolidate, or build upon specific integrative efforts of the past and therefore was able to evolve as a unified, comprehensive initiative. The initiative was crafted according to a whole vision and a statewide structure — focusing on integrating the full range of educational and social services needed by Indiana's children and families. In addition, the unified plan for Step Ahead was strongly supported — in fact created — by the Governor and his advisors, who were able to nurture and launch the initiative in one piece. Rather than evolving from specific programmatic antecedents, — as did many of the initiatives in other states — Step Ahead was created as a new and overarching structure, fostered by important political support.

In spite of this difference, evolution — from diverse contexts — characterizes the development of all the service integration initiatives observed in this study, endowing them with different structures, missions, and ultimately, results (see Chapter Twelve). The evolutionary nature of service integration initiatives demands a certain degree of opportunism on the part of service integrators, who are often compelled to wait for an individual or a situation that will carry their agenda. When such an opportunity arises, service integration initiatives must be proposed, accepted, packaged, and implemented before the occasion is lost.

The evolutionary nature of service integration initiatives demands a certain degree of opportunism on the part of service integrators, who are often compelled to wait for an individual or a situation that will carry their agenda. When such an opportunity arises, service integration initiatives must be proposed, accepted, packaged, and implemented before the occasion is lost.

UNTIDINESS

Untidiness marks a second characteristic of the service integration initiatives observed. This untidiness — due to the proliferation of efforts and the engagement of diverse players — is not inherently negative or detrimental; it is merely descriptive of the challenges of service integration. In addition, such untidiness points to a paradox of service integration efforts. One the one hand, a primary goal of service integration is to streamline services, making them more accessible and efficient; on the other hand, the process of integrating services is often inherently messy. In advancing toward a mission to neaten, consolidate, and coordinate, the process of service integration often creates even more complexity and disorder. Service integrators must confront this tension between mission and process, recognizing that the short-term chaos of overturning and reconstructing service systems may be necessary in order to meet long-term goals of greater order and efficiency.

Several sources of untidiness in the process of service integration are apparent in each state. First, out of attempts to streamline and coordinate a variety of domains (early care and education, health, welfare, elementary and secondary education, justice, and employment) at a variety of levels (state and local), multiple, uncoordinated, and often overlapping service integration efforts can emerge. For example, in Florida, Blueprint 2000 aims for the provision of comprehensive services in order to facilitate children's achievement in school, while the Prekindergarten Program seeks to bring together diverse early care and education providers — public, private, Head Start — to serve at-risk 3- and 4-year-olds. Both initiatives emanated from the Department of Education, and both share the goals of providing high quality education, but their work is carried out through separate structures and processes.

Another source of untidiness in Florida is the establishment of multiple local councils to carry out the planning for state level initiatives such as Blueprint 2000, the Prekindergarten Program, and Full Service Schools. Layered onto existing local entities — such as the long standing Central

Agencies or Children's Services Councils — these councils overlap considerably, often involving (and exhausting) the same members. This situation has raised the calls for "coordinating the coordinating councils," or, as Kahn & Kamerman (1992) put it, "integrating services integration."

Florida's service integration efforts certainly do not present the sole examples of untidiness. The rich history of integrative efforts in the state, combined with historic recognition of the need to consolidate and coordinate its abundant integrative activities, provides an excellent example of the complexity of the service integration process. Service integration initiatives in Colorado, Oregon, and Indiana, however, also exemplify untidiness. Colorado has dispersed its multiple initiatives by level (i.e., it works to integrate human services at the state level through its Health and Human Services Restructuring and at the local level through a separate initiative — the Family Centers). In Oregon, collaborative, integrative efforts around early care and education — attached to the Commission for Child Care and the Child Care Division — are intentionally administered separate from the comprehensive, statewide Commission on Children and Families.

Even in Indiana, where service integration occurs mainly through the unified structure of Step Ahead, untidiness exists. The changing roles and responsibilities of Step Ahead's state level entities such as the Step Ahead Panel and the Kitchen Cabinet, new attention to integrative work at the federal level through the Indiana Collaboration Project, and the creation and alignment of multiple committees in local Step Ahead Councils have all caused some confusion, which is currently being addressed.

In addition to the proliferation of integrative initiatives and structures, service integration is rendered somewhat untidy through its engagement of diverse individuals from varying fields, sectors, and governmental levels. Within government, Governors, legislators, county commissioners, and senior level management from state and local Departments of Education, Human Services, Health, Welfare, Employment, and Justice — to name a few — are routinely involved in service integration. As discussed in Chapter Ten, most service integration efforts also attempt to engage a number of non-governmental representatives including consumers, private sector representatives, and the media. Though crucial to cross-disciplinary, cross-agency coordination, to gaining broad-based support, and to tailoring services to existing needs, such diverse representation can be difficult in service integration initiatives. Diverse involvement raises the issues of how to maximize the skills and knowledge of each type of representative and how to sustain involvement over time.

With integrative initiatives proliferating in different forms and structures — depending on the context of a state — and diverse players joining them, service integration can clearly become untidy in process. Such untidiness appears an inevitable and often necessary part, however, of the monumental task of integrating services for children and families.

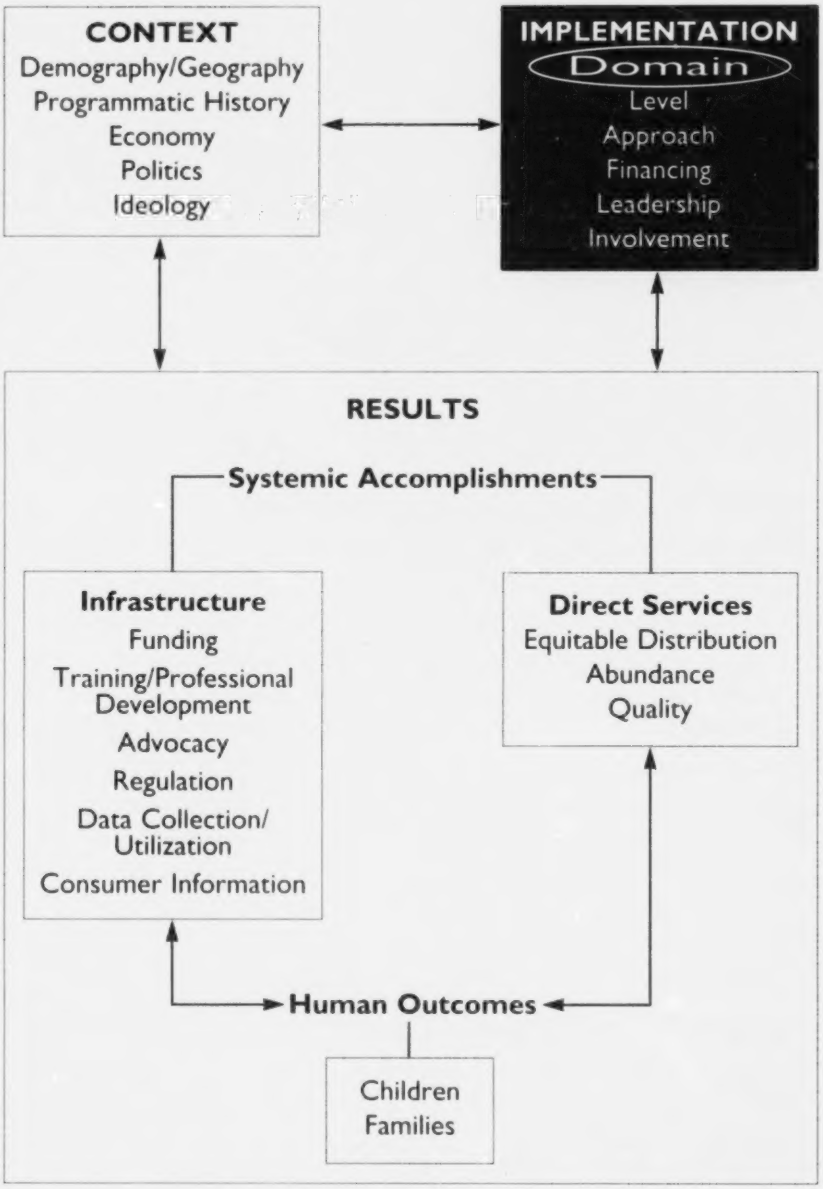
Summary

Service integration is an extremely complex mechanism for reform, shaped by numerous contextual factors and characterized by an evolutionary and untidy process of development that is different in each state. The interaction between service integration initiatives and their contexts currently seems beyond the reach of traditional reform theory, beyond the delineation of clear processes or of cause and effect.

PART III
IMPLEMENTATION

CHAPTER 5

ISSUES OF DOMAIN IN SERVICE INTEGRATION


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Due to its challenges and commitments, the field of early care and education is compelled to focus on within-domain integration and across-domain integration simultaneously; both types of integration appear necessary in order to meet the diverse needs of young children.
- In three states, the establishment of Department of Education prekindergarten programs provided significant impetus for service integration within the field of early care and education.
- The development of coordinated professional development systems for early care and education personnel is a common form of within-domain integration across the states.
- The existence of separate state level entities to address within-domain integration in several states appears important in enhancing and maintaining the cohesion of the early care and education field as it becomes involved in across-domain service integration initiatives.

One of the first issues to consider in the implementation of service integration initiatives centers around the domain of integration, meaning the individual or multiple fields to be integrated. In contrasting recent and historical approaches to service integration, Kahn & Kamerman (1992) note that recent efforts have been more likely to launch integrative initiatives from a single domain (e.g., health, mental health), rather than tackling the entire human service system at once — an approach that has proven to be rather unwieldy.

An especially rich and complex domain of service integration for young children and their families is the early care and education field. As mentioned in Chapter One, formal attempts to coordinate early childhood services date back to the 1960s, when a fertile history of federal, state, and local integrative efforts in the early care and education field was launched. Such efforts have been, in part, predicated on the field's historic commitment to meeting children's diverse needs — social, emotional, physical, intellectual — in a comprehensive fashion in order to facilitate healthy development. This focus has meant that the early care and education field has looked outward, realizing that emphases and services from diverse domains — such as health, welfare, elementary and secondary education — needed to be combined in order to craft effective programs for young children.

Layered onto this integrative orientation in the early care and education field, mounting appreciation for the importance of child care availability in achieving family self-sufficiency, plus increasing public attention to school readiness has recently made early care and education a service domain of high interest to policy makers in welfare and education. Early care and education's connection with multiple agendas is further enhanced by the fact that families of diverse socioeconomic status and ethnic backgrounds value its contributions. Early care and education is needed by all children, not just those deemed at-risk; therefore, it is gradually becoming recognized as a service that transcends specific agencies, domains, and populations. Given this background and support, the early care and education field promises to be an integral point from which multiple domains can be integrated to better support young children and families.

Service integration centered around the field of early care and education is not devoid of challenges, however. Early care and education programs are notoriously disjointed despite numerous efforts at reform over time. Due to a number of ideological emphases that have historically worked against the development of a shared vision for and sustained public commitment to early care and education services, the field has emerged as a fragmented array of programs and services characterized by distinctive public expectations, expenditures, program purposes, and professional standards. Thus, despite growing recognition of young children's care and education as a transcendent issue, and despite the field's commitment to meeting the multi-dimensional needs of young children — which involves linking with other service domains — early care and education must divert significant attention to the integration of its own services and programs.

In sum, the field of early care and education, due to its challenges and commitments, is compelled to focus on within-domain integration and across-domain integration simultaneously (see Figure 3, page 19). When confined within the domain of early care and education, service integration strives to link variously sponsored early childhood programs (for children from birth to 5 years of age) such as state prekindergarten programs, for-profit child care, nonprofit child care, Head Start, subsidized child care, and early childhood special education. Service integration across early care and education and other domains, on the other hand, strives for the provision of comprehensive support that integrates early care and education services with services in other domains — health, welfare, elementary and secondary education, justice, and employment.

This chapter provides examples of both within- and across-domain service integration initiatives observed in the four states, pointing to some of the key trends and challenges of each approach. Taking into account both the integrity and cohesion of the early care and education field, along with the importance of linking services across domains, the chapter concludes that both within- and across-domain integration emanating from the field of early care and education are necessary to promote the healthy development of young children.

Findings (cont.)

- Across-domain service integration initiatives are more prevalent than within-domain efforts in the four states observed.
- Efforts to integrate across human service domains present the challenge of maintaining the integrity of multiple service domains, including highly fragmented fields such as early care and education; combining within- and across-domain activities in a single initiative and using Goal 1 as a basis for comprehensive service integration might be effective strategies for addressing this challenge.

Table I

	Colorado				Florida				Ind.	Oregon		
Domain	SEEC	ECMT	RSTC	FC	SCC	PRE-K	BP2000	FSS	SA	OB	OCCF	CCC/CCD
Within		●			●	●			●			●
Across	●		●	●	●		●	●	●	●	●	

Colorado
SEEC: State Efforts in Early Childhood Management Team
ECMT: Early Childhood Management Team
RSTC: Health and Human Services Restructuring
FC: Family Centers Project

Indiana
SA: Step Ahead

Florida
SCC: State Coordinating Council
Pre-K: Prekindergarten Program
BP2000: Blueprint 2000
FSS: Full Service Schools

Oregon
OB: Oregon Benchmarks
OCCF: Commission on Children and Families
CCC/CCD: Commission for Child Care/ Child Care Division

Within-Domain Integration

EXAMPLES FROM THE STATES

Initiatives that focus primarily on integration within early care and education exist in each of the four states studied (see Table 1, page 47). In Colorado, within-domain integration occurs through the Department of Education's (CDE) Early Childhood Management Team (ECMT). ECMT's goal is to create shared vision amongst CDE-sponsored and CCDBG-supported early care and education programs. Additionally, ECMT strives to pool human and financial resources so that the needs of at-risk young children can be addressed more holistically.

Within-domain integration in Oregon occurs mainly through the combined efforts of the Commission for Child Care (CCC) and the Child Care Division (CCD). CCC oversees the creation and development of legislation, policies, and practices that better integrate quality early care and education services. CCD is responsible for the coordination, planning, and administration of the Child Care and Development Block Grant.

In both Colorado and Oregon, other significant initiatives beyond these main units of analysis also engage in within-domain integration: Colorado's Early Childhood Professional Standards Task Force, housed in the Governor's early childhood initiative, First Impressions, aims to create an integrated career development system for all early care and education workers. Additionally, Oregon's Department of Education has launched a number of efforts to ensure continuity of philosophy, teaching style, and structure across care and education programs for young children. The Department's efforts include education reform stressing comprehensive early care and education services, an Early Childhood State Initiatives Advisory Council focusing on coordination across programs, and a work group to explore Head Start/child care linkages.

Florida also displays multiple examples of integration within the domain of early care and education, most of which occur through two main integrative initiatives: the Prekindergarten (Pre-K) Program and the State Coordinating Council (SCC). The Pre-K program is designed to foster within-domain integration through the following provisions: Pre-K plans for each school district must be developed by the school board and a District Interagency Coordinating Council including representatives of private and subsidized child care and Head Start; Pre-K programs are encouraged to contract with existing early care and education services in the community; and Pre-K programs are required to collaborate with other early care and education services through sharing waiting lists of at-risk preschoolers.

Florida's State Coordinating Council, while it has a number of across-domain functions, also works toward integration within the field of early care and education. For example, SCC helped launch the Early Childhood Workgroup, which involves representatives from SCC, Head Start, the Department of Education, the Department of Health and Rehabilitative Services, and the Florida Children's Forum. The Workgroup has created an Early Childhood Collaboration Plan that focuses largely on the coordination and sharing of resources amongst diverse early care and education programs and spurs initiatives such as the Department of Education's Collaborative Partnership Project. In addition to the Collaboration Plan, SCC has focused on integration within the domain of early care and education through legislative recommendations. For example, an SCC recommendation to the 1994 legislative session proposed the consolidation of all early care and education services into one state agency.

Finally, Indiana's Step Ahead, while again having an across-domain focus, places significant emphasis on within-domain integration. The State Step Ahead Office works to pool federal child care dollars so that local Councils can serve a range of children without coming up against an abundance of categorical barriers. In addition, the Office has created an Indiana Child Development and Training Committee to expand and integrate training for early care and education personnel. The committee consists of representatives from Head Start, family day care, nonprofit and for-profit child care, school-age child care, and Title XX.

TRENDS AND CHALLENGES

While each of these within-domain initiatives varies in its activities and focus, several trends and challenges are common among them. First, significant impetus for integration efforts within the field of early care and education in three of the states — Colorado, Florida, and Oregon — has emanated from the legislative creation of state prekindergarten programs to address concerns regarding the educational readiness of low-income children. In Colorado and Florida, the early care and education community challenged the new programs, arguing that they represented yet another categorical early childhood service and funding stream that would further fragment the field and divert resources from existing early care and education programs.

The legislatures in both states responded by encouraging school districts to contract out to private providers and Head Start grantees for the delivery of their prekindergarten programs. In addition, the Pre-K legislation in each state requires school districts to institute locally-based planning councils composed of parents and diverse representatives of the early care and education field — from Head Start, subsidized child care, and private child care.

In Florida, this focus on forging linkages within early care and education — due to concern over the duplication of efforts — was taken even further. In 1989 the state's Child Care Advisory Council — responsible for advising the Department of Health and Rehabilitative Services (HRS) — its Handicapped Prevention Act, and the State Advisory Council on Early Childhood Education — established to oversee the state Pre-K program — were merged to form the current State Coordinating Council. This council was charged with coordinating the work of the Department of Education and HRS around young children. Thus, while established primarily as a programmatic initiative, Florida's Prekindergarten Program — and, more specifically, objections to its establishment — sparked considerable work on within-domain integration.

The case is similar in Colorado. In addition to legislative encouragement of contracting and mandate for collaborative planning at the local level, the Colorado Preschool Program (CPP) (the state's prekindergarten program) prompted the establishment of the Early Childhood Management Team. With its mission of developing common philosophy and linkages across the state's early care and education programs administered by the Department of Education, ECMT also represents an integrative, systemic responsive to a controversial program-based initiative.

> Prekindergarten programs in each of the states have drawn Departments of Education into integrative activities aimed at linking a broad array of early care and education services — Head Start, private, and subsidized child care — and bridging the gap between the "care" and "education" of young children to overcome the custodial expectations often associated with early childhood programs.

Finally, in Oregon, the Oregon Prekindergarten Program — though not accompanied by the same degree of opposition as in Florida and Colorado — has been integral to efforts at within-domain integration undertaken by the Oregon Department of Education. The Oregon Pre-K Program replicates and is linked to Head Start, using the Head Start integrated service delivery model and comprehensive Performance Standards. The Department of Education has furthered the integration of the two programs and other early care and education services through its Head Start Collaboration Project and the work of its Early Childhood State Initiatives Advisory Council, which strengthens integration and collaboration among Department of Education early childhood programs.

In summary, prekindergarten programs in each of the states have drawn Departments of Education into integrative activities aimed at linking a broad array of early care and education services — Head Start, private, and subsidized child care — and bridging the gap between the "care" and "education" of young children to overcome the custodial expectations often associated with early childhood programs. It should be noted, however, that such involvement of Departments of Education — mainly engaging representatives from early childhood offices — does not reflect across-domain integration (i.e., integration between early care and education and elementary and secondary education).

A second trend in within-domain integration observed in several of the states is an emphasis on coordinating professional development programs for diverse early care and education personnel. Discussed in more detail in Chapter Twelve, Indiana, Oregon, and Colorado have all launched efforts in conjunction with their main service integration initiatives to develop coordinated career development systems. Each state aims to achieve a similar set of goals, including: articulation between diverse institutions providing courses for early care and education personnel; information dissemination on professional development opportunities; and the provision of financial assistance and incentives for participation in professional development programs.

A final trend to note is that Colorado and Oregon have both established state level entities with a primary focus on within-domain integration. Colorado has the Early Childhood Management Team, and Oregon, the Commission for Child Care and the Child Care Division. Indiana and Florida, on the other hand, address integration within the domain of early care and education primarily through their broader initiatives — Step Ahead and the State Coordinating Council, respectively — designed to address integration across the human services.

The existence of separate entities in two states points to the immense challenges of within-domain integration. The complexities associated with bureaucracy, categorical funding strands, disjointed professional credentials, and differing philosophies and public expectations confront the early care and education field with an array of problems that are not easily mastered. If early care and education is to link with other human service domains to provide young children with integrated care and education experiences, however, these challenges need to be addressed head-on. Otherwise, the field of early care and education may become even more splintered as its many parts are connected in patchwork fashion to the emphases and services of other domains. Given this possibility, it seems important at this point to maintain separate entities — as do Colorado and Oregon — to address within-domain integration. This separation helps strengthen early care and education's basic philosophic commitment to the equity and quality of early childhood programs as the field begins to turn outward to further enhance its services through connections with other domains.

Overall, there appear to be several preferred mechanisms for achieving within-domain integration: the establishment of state level bodies focusing on integration within early care and education; the creation of linkages between Department of Education early childhood programs and other early care and education services; and the coordination of professional development for early childhood personnel. Their importance is amplified when the trends and challenges of across-domain integration are discussed.

Across-Domain Integration

EXAMPLES FROM THE STATES

While the within-domain initiatives discussed above present both critical and complex work, the four states observed in this study pour even more resources and effort into across-domain initiatives — efforts that seek to integrate early care and education services with services in other domains such as health, welfare, elementary and secondary education, justice, and employment. Of the twelve service integration initiatives that serve as the units of analysis for this study, nine are concerned with integrating programs and services across early care and education and other human service domains (see Table 1, page 47).

Colorado works toward a broader form of integration through three of its primary initiatives: the State Efforts in Early Childhood Management Team; Health and Human Services Restructuring; and the Family Centers. With the general goal of creating a comprehensive, integrated, and family-centered service system for children and families, each of these initiatives is supported through representatives and funds from a range of state departments, including those directly related to early care and education — the Department of Social Services and/or the Department of Education.

Oregon has launched two primary across-domain initiatives. The first is the Oregon Commission on Children and Families which takes a preventive, locally-based approach to integrating services for children (from birth to 18 years of age) and their families. The Oregon Benchmarks effort is the state's second across-domain initiative. This initiative strives to improve the quality of life for Oregon's citizens through the establishment of common goals and outcomes accountability across a broad range of agencies, sectors, and domains. A number of Benchmarks related to early care and education have been developed and are increasingly being linked with a range of other Benchmarks — health or economy-related — in initiatives throughout the state.

Across-domain integration raises the immense challenge of capturing the integrity, the whole, of multiple service domains — including the fragmented field of early care and education — to provide high quality, comprehensive support to young children and their families.

Florida's major across-domain service integration initiatives include the State Coordinating Council (SCC), Blueprint 2000, and Full Service Schools. In working to ensure coordination among state and local agencies serving preschool children, their families, at-risk pregnant women, and teenage parents, SCC engages in a variety of across-domain activities, including: facilitating joint planning between the Department of Education and the Department of Health and Rehabilitative Services, supporting cross-training efforts for child and family service personnel, and advocating standardized application/referral/intake for a variety of programs and services. Blueprint 2000 — Florida's school improvement and accountability initiative — aims to foster children's readiness for and success in school through comprehensive planning and service provision in conjunction with schools, Departments of Health and Rehabilitative Services, and a number of other institutions and programs at the local level. Similarly, Florida's Full Service Schools are designed to integrate health, education, and social services on local school sites to render support more effective and accessible to children of all ages and their families.

Finally, Indiana's Step Ahead is also an across-domain initiative that works to provide comprehensive, integrated services — from the domains of early care and education, elementary and secondary education, health, mental health, welfare, housing, and nutrition — to children birth to 13 years of age across the state.

TRENDS AND CHALLENGES

The prevalence of efforts to integrate services across human service domains in the four states should not be taken as an indication of the facility of across-domain integration. To the contrary, across-domain integration raises the immense challenge of capturing the integrity, the whole, of multiple service domains — including the fragmented field of early care and education — to provide high quality, comprehensive support to young children and their families. Several trends and issues are important to consider in addressing this challenge from the perspective of the early care and education field.

First, while we have stressed the importance of establishing separate entities specifically devoted to the integration of early care and education, there may also be crucial benefits to combining within- and across-domain efforts into one initiative. Indiana's Step Ahead and Florida's State Coordinating Council are suggestive of the advantages to this approach. As mentioned earlier, Step Ahead focuses simultaneously on integration within the early care and education field — through pooling federal child care dollars for local councils and coordinating the professional development of early childhood personnel — *and* on integration across early care and education and other domains — through its mission to provide comprehensive, integrated services to children and families at the local level. Similarly, the State Coordinating Council engages in both within-domain activities — such as the creation of the Early Childhood Workgroup — and across-domain efforts — to meet its goal of creating a defined continuum of prevention and early intervention programs and services.

In combining these approaches, Step Ahead and the State Coordinating Council appear to ease the process of integration. Fragmentation within the early care and education field that complicates efforts at across-domain integration is better addressed. Conversely, the tendency in across-domain integration to incorporate only some pieces of the early care and education domain is minimized, due to a greater understanding within the overall initiative of the full composition and the issues of the early care and education field.

Other service integration initiatives — such as the Colorado Family Centers or the Florida Full Service Schools — do not focus simultaneously within- and across-domain. In focusing mainly on linking diverse direct services tailored to its target population, a Family Center might elect not to concentrate on the systemic issues of each service domain involved. The center might set up child care services primarily in response to the workforce demands faced by client families without considering the importance of holistic early care and education to the development of young children. Thus, only a slice of the early care and education domain — custodial child care for the children of working parents — would be incorporated into the center's comprehensive programming. As a result, educational excellence for young children may not be fostered through the across-domain effort, compromising its potential to meet the full range of young children's developmental needs. It seems, then, that paying attention specifically to the issues of the early care and education field within individual across-domain initiatives is as important as establishing separate, state level initiatives to address the integration of early care and education. Both approaches, therefore, may be necessary to optimize the results of service integration for young children and their families.

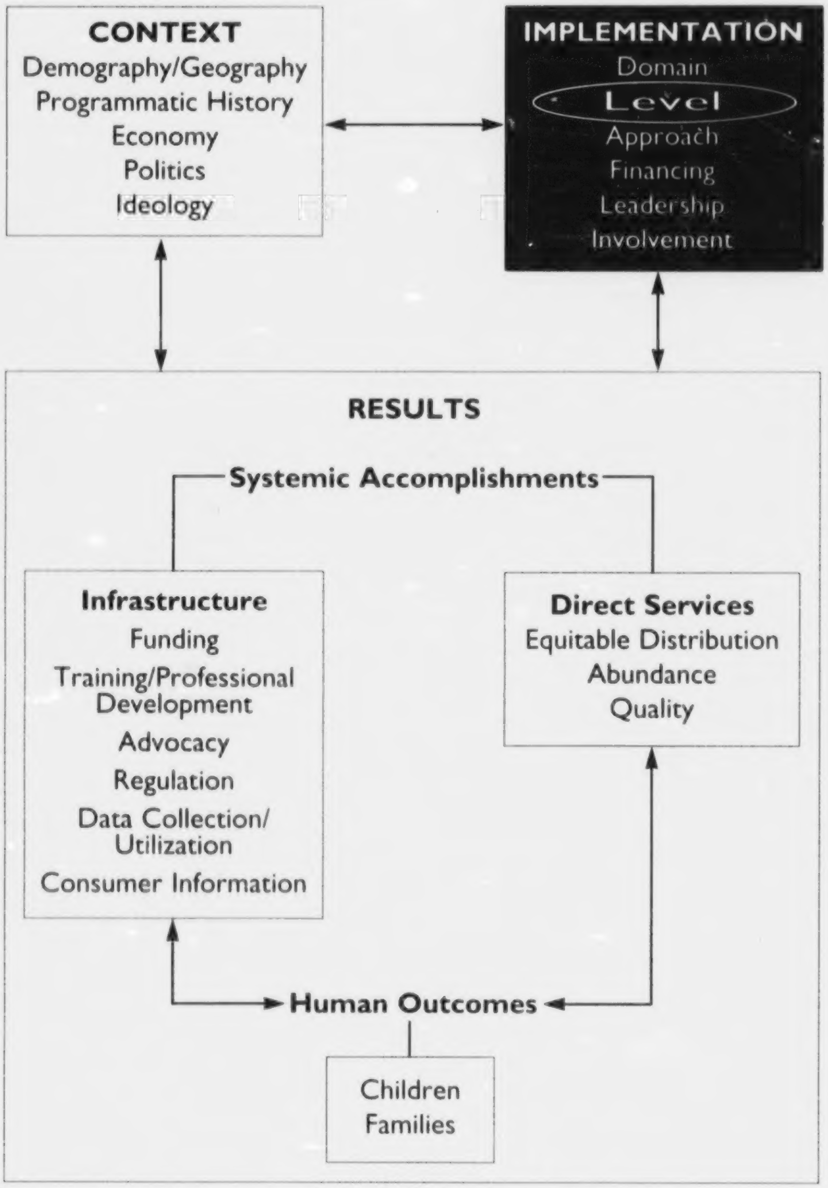
A second trend to note in several across-domain service integration initiatives is the use of Goal 1 of the National Education Goals as a focal point for coordination. This approach is central to Florida's Blueprint 2000. The initiative shapes state education reform around a number of Education Goals — including the readiness goal — and thereby addresses the challenge of incorporating the whole of an individual domain (early care and education) into its across-domain efforts. While comprehensive — focusing on the health, social, and educational services necessary for children's success in school — the readiness outcomes targeted by Blueprint 2000 are not so broad that they compromise the full intent of specific domains such as the early care and education field.

Across-domain efforts at the local level under Blueprint 2000 are directed to provide families access to high quality early care and education programs that are staffed by well-trained early childhood personnel, that coordinate with schools to ensure an effective transition from preschool to elementary education programs, and that include children with disabilities in the least restrictive environment. Thus, Blueprint 2000 indicates that Goal 1, carefully crafted to focus on developmentally appropriate services for young children, can serve to guide across-domain service integration initiatives in how to best incorporate various domains for the benefit of children and families.

Better understanding of the needs and challenges of individual domains and across-domain activity, combined with appropriate mechanisms to address the difficulties, might serve to facilitate both types of service integration simultaneously.

Summary

Each with their own challenges and strategies, within- and across-domain service integration initiatives are somewhat precariously related. From the standpoint of early care and education, across-domain integration represents an opportunity to better meet the needs of the whole child. At the same time, across-domain integration can divert attention from and undermine the efforts of the early care and education field to overcome its fragmented past, to develop infrastructure to support an integrated service system, and to fuse its diverse objectives into a unified purpose — in short, to become whole on its own. The answer to this quandary seems to be that both within- and across-domain service integration are necessary in order to best serve young children and their families. Better understanding of the needs and challenges of individual domains and across-domain activity, combined with appropriate mechanisms to address the difficulties, might serve to facilitate both types of service integration simultaneously.


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/ Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- In the four states observed, state commitment to service integration for young children and their families is strong, manifest in state legislation, initiatives lodged at and funded by the state level, and gubernatorial support.
- State commitment is accompanied by strong local involvement in service integration, with the local level often being the unit where most service integration activity — supported by the state — takes place.
- Many service integration initiatives in the states observed strategically plan and fund structural linkages between the state and local levels to facilitate communication, support, and feedback.
- Localities vary; comprehensive, statewide support of service integration at the local level may help to minimize local differences and foster the involvement of reluctant or isolated communities.
- Replication of service integration initiatives is difficult. Dissemination seems to be best supported through structured opportunities for communication and knowledge sharing — supported problem solving — rather than through the reconstruction of specific service integration models.

This study was launched with multiple objectives, one of which was to better understand the contributions of states and localities to the service integration process. To address this issue, this chapter is divided into three sections. The first focuses on the history of relations between states and localities that set the context for current service integration initiatives. The second section examines the nature of service integration efforts at the state and local levels, and explains different relationships between levels in each state. The third section presents issues that remain troublesome for states and localities interested in integrating services for young children and their families.

Evolving Relations Between States and Localities

Scholars have noted that "the most important type of government in the United States, measured in terms of service delivery to citizens and number of employees is local government" (Zimmerman, 1983, p. 1). Indeed, families also understand the importance of local government. They feel the harms of service disintegration at the local level, their knowledge about services is often confused and limited, and they have difficulty accessing these services (Melaville, Blank, & Asayesh, 1993). Service providers also encounter difficulties at the local level. In attempting to assist real people with multiple problems that are not neatly packaged along bureaucratic agency lines, they too must tread the maze of overlapping, dysfunctional services, and the vagaries of uncoordinated regulations and eligibility guidelines. Such frustrations have led Hagebak (1979), among others, to note, that service integration "must be accomplished at the local level" (p.579).

Such interest in localities as the locus for service delivery and reform is not new; it has long been a part of the national ethos of American human services. In the early days of the republic, families provided the first tier of social service and support. When families could no longer manage, community institutions — churches, local magistrates — became involved. Families rarely looked beyond localities to the states or to the federal government for assistance. It was only with the rapid influx of immigrants, the poverty associated with industrialization, and the vestiges of the Civil War that states began to assume more responsibility for human services. Even as state institutions developed and carried out more centralized functions, local settlement houses and community organization societies continued to provide hope and support. In reality, throughout most of our history, localities and states moved on parallel service delivery tracks with limited coordination between them.

With the advent of the Social Security Act of 1935, state human services were given increased legitimacy. Predictably, attention shifted to focus on the precise nature of state responsibility as it related to the larger federal role in human service provision. As the years continued, and all levels of government — federal, state, and local — became engaged in the delivery of human services, service fragmentation burgeoned.

In addition to the growing fragmentation felt as a result of parceling out human services among many different departments and agencies, services were splintered further by the engagement of the three levels of government, each adopting different and idiosyncratic responsibilities. This fragmentation led to further problems, including a disparity between what the federal government expected and what states and localities actually had the capacity to deliver, and variations in how much authority states gave to localities.

Perhaps because of these complications, and certainly because of social inequities, the 1960s saw a return to local control and to community-based strategies — strategies that are re-emerging now as the spirit of community renewal takes hold (Gardner, J., 1994). In spite of this re-emergence, however, the involvement of multiple levels of government in service provision continues, causing state and local governance to resemble a kaleidoscope (Thompson, 1993) — complex, shifting, and creating multiple, overlapping, and highly intricate patterns of service delivery.

This complex and often inefficient distribution of human service responsibilities between states and localities has durable structural precedents, including the United States Constitution. In spite of America's ideological commitment to community and local control, there is no mention of local government in the Constitution. Indeed, the Constitution enumerates limited and specific powers to the national government, reserving all others to the states and the people. Localities are presumed to be subsidiaries of the states, obtaining power and authorities from them. The Dillon Rule (named for Judge John Dillon) reinforced state priorities, noting that "local governments may exercise only those specific powers delegated to them, and are prohibited from exercising powers not delegated" (Miller, 1982, p. 44).

This splintering of governance has actually produced many benefits: the delimitation of abuse of power because it is so distributed; diffused conflict; ample opportunity for experimentation; encouragement of innovation; and perhaps most significantly, opportunity for citizen involvement. Anton (1989) notes that more than a half million individuals participated as elected officials in state or local government, with scores of other citizens participating on boards and other governance committees.

Diffused governance, however, has also produced hard realities — fragmentation and inequity — that have accelerated the press for service integration. In a system established to fragment political power — as the Constitution does — increasing the capacity of the parts does not yield increased capacity of the whole. Gridlock created by multiple layers and multiple constituents abounds. In a nation that attempts to include its citizenry so broadly in governance, we have serious public distrust of government and a prevailing sentiment that government can do little well.

These complex structural and attitudinal realities are accompanied by significant operational tensions between different levels of government. Naturally, local officials — knowing their communities — want additional

Findings (cont.)

- Few state and local service integration efforts observed have engaged the federal government in their efforts, making Indiana's Collaboration Plan an important example to note.
- The lack of coterminous boundaries across education and human services within states can serve to exacerbate problems in coordination and hinder service integration initiatives.
- Incentive-driven, enabling legislation is important to the inception of many service integration initiatives, though it does not guarantee success in implementation. Implementation seems to be best supported when legislation clearly specifies membership, structural apparatuses, and funding allocations to support service integration.
- State-local reciprocity seems not only to be beneficial to, but critical to the success of, service integration initiatives.

discretionary power. They disparage the infliction of state mandates not backed by resources sufficient for their implementation (Kelly, 1992). Indeed, though not the only factor, state mandates have been regarded as the single most important issue contributing to poor local-state relations (Zimmerman, 1983).

The degree to which states permit local governments to determine what is best is also critical. States can inhibit, facilitate, or initiate local programs, with the latter being the most controversial role because it pre-empts citizens of the right of home rule. Moreover, when local-state discrepancies are taken into the courts, as they often are, localities typically lose.

In summary, the history of intergovernmental relations in this nation has left us not only a complex legacy of service fragmentation, but multiple patterns and trends of governmental involvement in human service provision. While traditionally revered and still prominent, a commitment to local responsibility for human services remains encased in a complex structure, fortified by law, that accords power to the states. The states, in turn, display numerous configurations of governmental responsibility: they differ in how much authority they delegate to localities; in how such authority is delegated; in how jurisdictional divisions at the local level are constructed; and in how various human service agencies are aligned (or misaligned) with local units of government. The need for service integration, then, is hastened not only by the fragmentation of human services amongst various agencies and departments, but by the splintering of governance and responsibility for human service delivery that has been occasioned by our federalist system.

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The Nature of State-Local Interactions in Service Integration Initiatives

Given this complex history of intergovernmental relations and its relationship to service integration, plus the array of activity at the state and local levels, it became apparent that this study needed to examine service integration efforts at both levels, and the patterns of linkages between them. Specifically, this study examines the role each level plays in the development and implementation of service integration efforts, what activities are associated with each level, and how the levels work together to create complex service integration initiatives. Because all twelve of our units of analysis were initiated under state level auspices with significant state leadership, the discussion will not concentrate on the inception of the initiatives, but rather on where they currently operate (see Table 2, page 59). The discussion is divided into three sections: (1) service integration at the state level, (2) service integration at the local level, and (3) patterns of linkage between levels.

SERVICE INTEGRATION AT THE STATE LEVEL

In the four states studied, the state was instrumental in the inception of service integration initiatives. State level individuals, agencies, and institutions

Table 2

	Colorado				Florida				Ind.	Oregon		
Location	SEEC	ECMT	RSTC	FC	SCC	PRE-K	BP2000	FSS	SA	OB	OCCF	CCC/CCD
State Level	●	●	●		●		●		●	●	●	●
Local Level				●		●	●	●	●		●	

Colorado

SEEC:	State Efforts in Early Childhood Management Team
ECMT:	Early Childhood Management Team
RSTC:	Health and Human Services Restructuring
FC:	Family Centers Project

Indiana

SA:	Step Ahead

Florida

SCC:	State Coordinating Council
Pre-K:	Prekindergarten Program
BP2000:	Blueprint 2000
FSS:	Full Service Schools

Oregon

OB:	Oregon Benchmarks
OCCF:	Commission on Children and Families
CCC/CCD:	Commission for Child Care/ Child Care Division

were responsible for the creation of all twelve service integration initiatives identified as units of analysis for this study. It is important to note that the impetus for service integration came not from a single state office, but from various segments of state government, including the Governor's Office, the First Lady, and senior and mid-level agency management.

In addition to their role in the inception of service integration initiatives, state level agencies, representatives, and institutions are typically responsible for specific activities related to the development and implementation of service integration efforts. First, most of the initiatives studied are embedded in state legislation. In some cases, the legislation focuses on specific integrative programs (Colorado's Family Centers, Florida's Prekindergarten Program); in other cases, on statewide initiatives (Indiana's Step Ahead, Oregon's Commission on Children and Families); and in still other cases, on a broad goal of reorganizing or refocusing human services (Colorado's Health and Human Services Restructuring, Oregon's Benchmarks). Legislation acts as a catalyst and an endorsement for initiatives, often providing them with certain guidelines, regarding, for example, the type of linkages to be achieved or the players to be involved. Moreover, the legislation appropriates funds that enable the service integration effort to exist.

Second, new bodies can be created at the state level to foster service integration statewide, including boards, commissions, task forces, and councils. For example, the Oregon Benchmarks and its governance structure, the Oregon Progress Board, act to focus the activities of agencies and organizations in both the government and private sector toward the accomplishment of human, economic, and environmental goals.

Colorado's State Efforts in Early Childhood Management Team (SEEC), Florida's State Coordinating Council (SCC), and Oregon's Child Care Commission/Child Care Division (CCC/CCD) all are new bodies that work to direct state agency activity toward an integrative approach. In addition, the Florida Commission on Education Reform and Accountability — created as part of the Blueprint 2000 initiative — is responsible for recommending to the legislature and the State Board of Education the components of a system of school improvement and accountability. The work of all these councils is directed toward mobilizing state change, influencing policy, and changing regulations and agency structures.

Third, state level efforts can also include the creation of state commissions that oversee local activities and provide important links to state level bureaucracy. In some cases, these commissions are integral parts of an initiative's activities; in other cases, the commissions act only to ensure that local level activity exists.

The state has the unique ability to create statewide programs and projects in legislation and can develop diverse mechanisms to facilitate and implement service integration, including: new governmental bodies, commissions that advise state agencies or support local activities, and state level restructuring.

The state offices affiliated with both Indiana's Step Ahead and Oregon's Commission on Children and Families (OCCF) are engaged in their own projects in addition to providing guidance and technical support to their local counterparts. Florida's SCC is responsible for ensuring coordination among the diverse councils that exist throughout the state — including Florida's Prekindergarten Program (Pre-K) and Healthy Start. Although it provides technical assistance to local Pre-K Interagency Coordinating Councils, however, the SCC does not have specific responsibilities that relate to each local initiative. Colorado's Early Childhood Management Team (ECMT) oversees the activities of specific programs at the local level, and has assumed responsibility for generating policies to standardize and coordinate their activities.

Finally, state level service integration activities may take the form of state level restructuring, including the reorganization of agencies and agency relationships to facilitate service integration activities. For example, Colorado's Health and Human Services Restructuring is designed to improve the functioning of the human service system. Although Colorado's Restructuring is conceived as an independent initiative, similar restructuring efforts are underway in other states in conjunction with more general service integration initiatives.

These observations suggest that certain components of service integration efforts are handled most conveniently by the state level. The state has the unique ability to create statewide programs and projects in legislation and can develop diverse mechanisms to facilitate and implement service integration, including: new governmental bodies, commissions that advise state agencies or support local activities, and state level restructuring.

At the same time, it is important to note that in the states visited, service integration is not seen as the sole purview of the state. Almost all state activities, even those that have no direct counterpart at the local level, are designed to support and foster local as well as state efforts. Recalling the words of Hagebak (1979) and Zimmerman (1983), service integration is seen, at least in part, as a function of the locality that can be enhanced by state level impetus and support. To better understand the functioning of service integration efforts, then, we must look at the local level.

SERVICE INTEGRATION AT THE LOCAL LEVEL

A commitment to locally-based service delivery and reform has long been a part of the national ethos of American human services. Therefore, it is not surprising that in the creation of service integration efforts, localities play an essential role. More than serendipitous local involvement, all four states exhibit a commitment to support local control over the creation and implementation of service delivery plans that best meet local needs and use local resources.

In certain cases, the state has called for the creation of community-based councils to plan for and implement a specific state defined program. Under the auspices of Colorado's Family Centers and Florida's Full Service Schools initiative, community planning councils facilitate the creation of multi-service sites in which local service units work to coordinate and deliver multidisciplinary child and family services with a given county or district. While these initiatives receive some technical support from state employees, they remain essentially local efforts, distinct from the state, and illustrate innovative approaches to locally-driven service integration.

Local councils have also been created in conjunction with Florida's Pre-K Program and Blueprint 2000 initiative in order to plan for and implement their activities. Each local Pre-K Interagency Coordinating Council creates a plan for the provision of early education to at-risk 3 and 4-year-olds in its district; every local Blueprint 2000 School Advisory Council assists in the preparation and evaluation of the school improvement plan and annual budget.

In the initiatives previously listed, local agencies and representatives are responsible for the operation of service integration efforts associated with a specific state initiated program. While local communities are free to organize and implement their own plans, a certain degree of prescription emanates from the state level. Under the auspices of Indiana's Step Ahead and Oregon's Commission on Children and Families, however, local councils are given more autonomy; they create plans for comprehensive social service delivery in their communities. Local councils may decide to create family centers, or school-based improvement plans, but the creation of any initiative is at the discretion of the local council. Both Indiana's local Step Ahead Councils and Oregon's local Commissions have conducted needs assessments, identifying what services are being provided in the community, where gaps in service delivery exist, and what demographics peculiar to the community are affecting service delivery to children and families. Local councils in both states have identified long-term and short-term goals and are developing implementation strategies to meet them. State level agencies and representatives in both Indiana and Oregon are committed to dispersing power and authority to the local level, with communities making decisions about themselves, for themselves.

As a result of the local councils created in conjunction with state initiatives, tremendous local activity is taking place. At the same time, strong local efforts exist independent of state impetus. Although these efforts are not units of analysis for this study, they merit discussion because they illustrate unique local level contributions to service integration efforts and the impact local initiatives can have on state activity.

In Florida, many independent, local service integration efforts predated the state efforts, building on Florida's Child Care Coordinating Councils (4Cs) as well as early federal special education legislation. Alachua County's historical efforts to integrate Head Start, subsidized child care, and prekindergarten programs have been widely recognized in Florida and have prompted the development of such efforts on a broader scale throughout the state.

In some instances, individuals active in local efforts provide leadership and technical assistance to the state in the implementation of service integration initiatives. In Colorado's Freemont County, a local council involved in coordinating early childhood services predated the Family Centers project, and worked to facilitate the creation of the Family Center Planning Council and to promote the Family Centers' focus on early childhood.

In other instances, communities may assume leadership absent at the state level. In Florida's Pinellas County, for example, community leaders secured legislative permission to create local taxing authority to support the funding of early childhood services. This strategy was used in several other counties across the state, prompting Florida to adopt permissive legislation supporting these Children's Services Councils in 1990. These examples, as well as others, point to the potential "bottom-up" contribution of community-initiated efforts.

In summary, local activity is flourishing in all four states studied (see Table 2, page 59). Localities are playing instrumental roles in the integration and provision of human services to their communities, and local level determination often provides a beacon for state efforts. In addition, all four states are experiencing a trend toward renewed state level appreciation of community potential.

PATTERNS OF LINKAGES BETWEEN STATE AND LOCAL LEVELS

As illustrated by the previous examples, each of the four states engages in service integration at both state and local levels; however, each state has a different approach to the creation of linkages and the division of labor between the levels. The following explanation of state/local configurations in each state is an attempt to compare and contrast approaches to state/local relations.

Colorado

Perhaps more than the other states visited, Colorado focuses its service integration efforts in parallel spheres, with certain initiatives implemented at the state level and others implemented at the local level. Unlike other states visited, linkages between service integration efforts in Colorado seem to occur horizontally at the state level and horizontally at the local level, with only limited coordination between the two. No single initiative displayed significant emphasis on or activity at both levels. The major state/local linkage observed was the state's provision of technical assistance to local counties, with these efforts occurring only occasionally. Horizontal approaches may be functional in Colorado, though unique to the state.

Florida

Florida places a strong emphasis on local planning and coordination, with the goal of tailoring services to local need. At the state level, various agencies, departments, and commissions have been assigned to support local efforts. The State Coordinating Council provides technical assistance to multiple local councils, supporting their efforts at coordination.

Within the Florida Prekindergarten Program, technical assistance from the state Department of Education is offered to localities as they develop their collaborative plans. Additionally, clear state to local linkages have been crafted in Blueprint 2000, which involves well planned interaction between a newly established state level commission, district school boards, and local school advisory councils. Also, a state level Interagency Workgroup on Full Service Schools provides technical assistance to developing sites. Florida focuses on state level support of local level projects; however, state/local linkages rarely extend beyond the provision of technical assistance.

Indiana

Step Ahead is a statewide process that manifests clearly articulated, systemic linkages between the state and local levels. Activities at the state level are centered around the state Step Ahead Office; activities at the local level are centered around the community-based Step Ahead Councils. Four mechanisms within the Step Ahead process connect the state and local levels.

First, the state Step Ahead Office acts as a coordinator of local activity, a resource in the event of local difficulties, and a liaison to state government.

Second, each Step Ahead Council must apply to renew its Step Ahead planning grant annually. The application process allows the state Step Ahead Office to maintain constant contact with local coordinators and to monitor each Council's progress. In 1994, the state made implementation grants available to the counties, with strict eligibility provisions requiring

Councils to be at a certain point in their development in order to apply.

Third, Step Ahead has established a "Kitchen Cabinet," made up of representatives from every state agency whose work is relevant to children and families. The Kitchen Cabinet meets monthly with representatives from local Step Ahead Councils to discuss the Councils' plans of action and process. These meetings also provide bureaucrats with opportunities to better understand the nature of local service challenges.

Fourth, the state arranges periodic meetings between local Councils for the exchange of ideas and support. By structuring these exchanges amongst and between local Councils and state government, the state Step Ahead Office acts as a provider of training and technical assistance, as well as a broker of information and ideas.

Oregon

In spite of the youth of Oregon's initiatives, connective "highways" between the state Commission on Children and Families and the local Commissions seem to be strong and amply fortified by a series of innovative supports. The state Commission on Children and Families has a staff of 30, replete with budget, policy, and program expertise. Staff is assigned to support ten regional coordinators who link on a regular basis with local Commissions. Regional coordinators serve as brokers for the Commissions in accessing state Commission staff to render technical assistance in specific topical areas. Additionally, each Commission has been given computers, modems, printers, and technological consultation allowing them to be on-line with all other local Commissions, as well as with the state Commission. Through the use of bulletin boards and E-mail, local Commissions share ideas and issues regularly. Media and communications plans have also been developed by each Commission with state assistance in order to enhance local communication capacities. Training sessions are offered to all Commission members, as are opportunities for local staff from Commissions statewide to meet periodically face-to-face. A process also has been developed by the state Commission staff to engage local Commission members in the state budget process.

Although all four states acknowledge the importance of both state and local efforts, they manifest different patterns of state and local linkages.

The Benchmarks process, while presently less developed at the local level than the Oregon Commission on Children and Families, is moving toward the establishment of concrete state to local linkages. The Oregon Progress Board is responsive to and desirous of establishing parallel Progress Boards in each county. These local Progress Boards would link with the local Commissions on Children and Families.

In summary, although all four states acknowledge the importance of both state and local efforts, they manifest different patterns of state and local linkages. Colorado pays the least attention to the creation of state/local highways, relying on the activities of distinct initiatives at each level. Florida's State Coordinating Council is responsible for the general oversight of specific local level initiatives; but, while all Florida's initiatives receive some state level technical assistance, the state and local levels are not truly partners. Indiana's Step Ahead and the Oregon Commission for Children and Families are the only initiatives that combine complex state and local level functions within a single initiative. In all the states, structural linkages between state and community-based initiatives seem to facilitate communication, support, and feedback, enabling service integration to be seen as a shared responsibility — shared among individuals and shared among localities and states.

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Issues for Consideration

The complex history of state/local relations, coupled with the complexities of implementing service integration initiatives, raises significant issues for service integration. First, while not the focus of this study, it is important to point out the federal government's growing role as a service integration partner. Second, at the local level, differing local capacities and overlapping jurisdictional boundaries complicate the creation of statewide efforts. Third, there is a need to discuss changes in the state's role from propagating models to encouraging local decision-making. A fourth issue is the role of legislation in the implementation of state initiatives at the local level. Finally, although all the initiatives studied share the rhetoric of state/local partnership, there is question as to the actual nature and extent of state/local reciprocity.

THE FEDERAL ROLE

Throughout this discussion, there has been little mention of the federal role in the service integration initiatives observed in these states. This omission is due, in part, to the fact that federal service integration was not the focus of our study. Additionally, many involved in service integration at the state and local levels have traditionally sought to work around federal agencies and their categorical requirements — inconsistent eligibility; restricted funding streams; redundant reporting procedures, etc.

However ill-regarded the federal role historically, change is beginning to take place. In some states, it was federal dollars and the demand for joint planning in federal legislation that influenced the inception of certain service integration efforts. For example, in Oregon and Indiana, the Child Care and Development Block Grant fostered more comprehensive state planning and integration efforts than had previously occurred, and was instrumental in the development of Step Ahead and the Oregon Commission on Children and Families. In Florida and Colorado, the impact of the requirements of Public Law 99-457, replete with mandated coordinating councils and federal dollars, also spurred service integration forward.

At the time of this writing, the expansion of Step Ahead to include the Indiana Collaboration Project (ICP) represents one of the few systematic attempts to have state service integration efforts influence the federal regulatory or legislative system. In the context of the Step Ahead process, the Indiana Collaboration Project creates a forum for communication between the state and federal governments to air concerns and to resolve problems not solvable at the community or state level alone. ICP blazes a state to federal "highway," where information and decision-making traverse state and federal levels of government. (For a more in-depth discussion of the Indiana Collaboration Project, see Chapter Eight or Appendix I.) Since our visit, linkages between Oregon's Benchmarking efforts at the state level and federal efforts to reform services have also been initiated.

The important point to note, however, is that states are working to activate service integration efforts at the local and state levels, while fully recognizing the power of the federal government. In some cases, frustration with the federal government has forced states to adopt service integration strategies; in other cases, states are so strongly committed to service integration that they would have engaged in these efforts regardless of the federal role. Whatever the rationale, we must question whether service integration efforts that exist independent of the federal government represent simply "treatments," when what is actually needed is prevention — an attack of the root of the problem. Initiatives that involve the federal government directly may eventually be more successful in erasing our nation's legacy of service fragmentation.

DIFFERENTIAL LOCAL CAPACITIES

When academics and social problem solvers romanticize the value of grassroots planning, all too often, the differing capacities of localities are forgotten. Varying resources, histories, and social attitudes make communities quite distinct, so that efforts that take hold in one area may not work in another, or may take longer to develop. Further, there is often a tendency to assume similarities among localities with similar demographic or geographic profiles — a reality that is not borne out by experience. All rural communities, for example, are not alike; "over-the-mountain" towns have unique characteristics. Localities, like people, have different profiles of strengths and weaknesses, as well as different needs.

Although somewhat self-evident, local differences often are not sufficiently considered when state incepted service integration efforts are launched. It is often falsely assumed that there is a commonalty of commitments and goals across localities. In the two states — Indiana and Oregon — that have adopted a statewide, supported approach to service integration, such differences have become markedly apparent. While the local units — counties — have been given resources and support to plan an integrated approach to service delivery in both states, some counties have taken much longer to buy into service integration efforts than others. Yet, because a state strategy has been established, and because other localities have been grappling with many similar issues, counties that were originally tentative about initiating service integration projects have been supported by other communities in doing so. Moreover, the existence of resources, both fiscal and technical, has made it easier for communities that typically do not receive significant funding to become involved.

The examples of Indiana and Oregon, then, suggest the need for states to give serious consideration to local differences, and to create supportive mechanisms that will engage previously isolated localities and enable them to meet the expectations being placed upon them in ways consistent with community values and needs. The comprehensive statewide support of service integration displayed in Indiana's Step Ahead and the Oregon Commission on Children and Families appears to have the potential to "level the human service playing field," and to begin to restore a sense of equity to localities that have been under-capacitated.

DIFFERENCES IN JURISDICTIONAL BOUNDARIES

As localities and states embark on service integration, they face many challenges, not the least of which are differences in jurisdictional boundaries among agencies of government. The most notable differences occur between human services and education, with some states having only six to eight substate units for human services, and 170 for education. Of the four states in this study, only Florida has school and human service districts with the same boundaries.

The lack of coterminous boundaries across education and human services results in difficult negotiations for service integrators. Rather than meeting with one human service and one education representative in order to link local services in a given area, service integrators must navigate multiple representatives — each with his or her own agendas — therefore sapping everyone involved of time and energy. In Indiana, for example, where there are far more school districts than counties (the unit for local health and human services), a local Step Ahead Council attempting to integrate health and education services must work with multiple education representatives before even beginning to link the education and health domains. While such efforts to work together with multiple local representatives of a given field are crucial to service integration and can serve as important skill-building exercises for integrative leaders, non-coterminous boundaries and the work they occasion make service integration more difficult. At a minimum, service integration takes more energy and time to accomplish in states where boundaries are not coterminous, and may ultimately be harder to sustain.

Since the majority of states observed in this study do not have coterminous boundaries among human services and education, it would be useful to expand our understanding of how such states achieve service integration, the nature and sequencing of strategies used, and the supports necessary to foster implementation. It would be especially helpful to better understand if and how other states have altered, even in minor ways, their jurisdictional boundaries, and with what effects.

FROM MODEL BUILDING TO SUPPORTED PROBLEM SOLVING

Successful service integration efforts are often heralded as a "model" for other communities, to be adopted as the method for community-based implementation. Sadly, solid as these individual efforts are, rarely can they be easily replicated in other settings, even in the same state. Scholars offer different reasons for this difficulty: lack of charismatic leaders, different contextual variables, insufficient resources, and the variability inherent to implementing others' ideas (Charles Stuart Mott Foundation, 1990; Rivlin & Timpane, 1975; Travers & Light, 1982).

Rather than thinking of systemic reform as the construction and replication of a single reform model, service integrators should focus on building many approaches, each of which is embedded in communal problem solving. Structuring opportunities for communication, knowledge building, and sharing are prerequisites for extending service integration across a state.

This study suggests that incentives for statewide linkages are diminished whenever individual service integration efforts at the local level remain isolated from other integrative work going on in a state. One benefit emanating from statewide service integration efforts — such as Step Ahead and the Oregon Commission on Children and Families — is that they foster cross-community collaboration. By building on resources and by arranging for cross-site technical assistance (involving leaders from one county visiting another, or communication highways via technology), service integration efforts can be linked strategically. Through such linkages, localities begin to share issues and problems, and can often work together to determine solutions.

In sum, by showcasing a single "model" for service integration instead of an ethos of joint problem solving, and by stressing community differences instead of community differences *and* similarities, opportunities for cross-fertilization and dissemination of service integration are limited. Therefore, rather than thinking of systemic reform as the construction and replication of a single reform model, service integrators should focus on building many approaches, each of which is embedded in communal problem solving. Structuring opportunities for communication, knowledge building, and sharing are prerequisites for extending service integration across a state.

THE IMPORTANCE OF LEGISLATION

As previously mentioned, many state service integration initiatives have come into existence through legislation. In these cases, both the nature of the program being legislated and the degree of legislative mandate vary, often affecting implementation. In most cases, it is enabling or permissive legislation that allows initiatives to assume a service integration agenda; none of the service integration efforts in the four states (beyond Blueprint 2000's local School Advisory Councils in Florida) is mandated.

Several issues are important to note regarding such legislation. First, in most cases, legislation did not mark the beginning of state interest in or commitment to improving services for children and families. The legislation was typically a manifestation of executive, and more precisely gubernatorial, interest in service improvement for young children. In some states (Colorado and Oregon), such interest was bully pulpitted throughout the state, so that by the time the legislation was drafted, support was broad based. In other cases (Indiana), the legislation had strong gubernatorial support, though marginal public support at the outset.

In addition to differences in how the legislation came to be created, significant variation occurs regarding the nature and content of the legislation. The degree to which the legislation spells out the types of linkages to be achieved, the players to be involved, and the amount of funding to be allocated varies greatly and seems to influence the nature and speed of each initiative's development and implementation. For example, the Oregon Commission on Children and Families is supported by detailed legislation and a separate budget to carry out its work. Blueprint 2000, on the other hand, although fortified with specific legislative intents regarding its structure and membership, has been allocated limited fiscal support to achieve its goals. In states where service integration is attached to legislation, but where no clear funding streams or structural apparatuses are built in, the effects appear to be slower in coming and less promising.

Consequently, state legislation that is enabling seems critical for service integration to take hold statewide; unless quite specific and extensive, however, such legislation does not ensure successful implementation. Legislation can help to bring visibility to service integration, and can help to assure that overall service improvements are addressed in all localities — not simply in communities that have the propensity for creating effective demonstration programs. Indeed, we suspect that without such legislation, states and localities might adhere to the rhetoric, but not be able to ensure that the substance of service integration is experienced by all the state's children and families.

STATE-LOCAL "RECIPROCITY" IN REALITY

The previous analysis has addressed the different roles and activities that are assumed by the state and local levels in the implementation of service integration initiatives. The lessons from this analysis suggest that in states where service integration seems to have the best hope of taking root, there is a rich exchange between a state and its localities, marked by bi-directional communication pathways and a genuine spirit of collaborative learning.

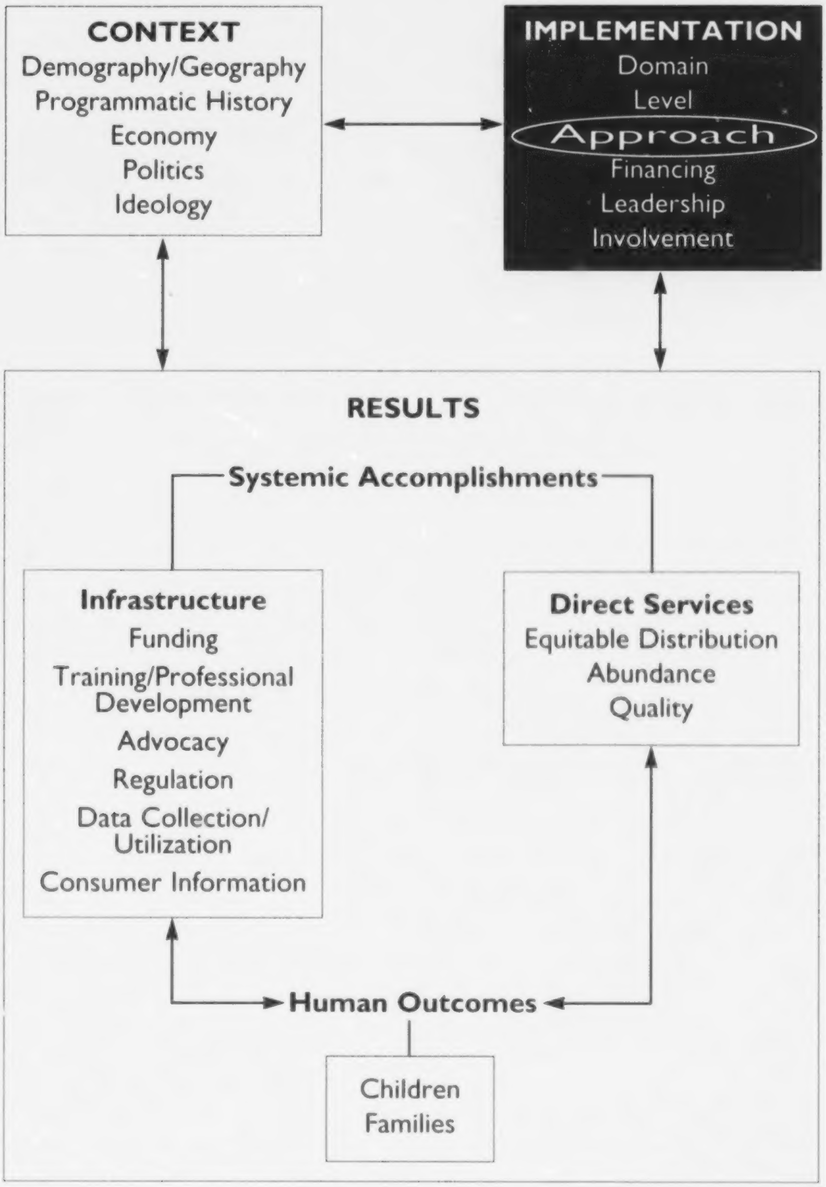
There are, however, several factors that can endanger this exchange, mitigating the possibility of true state/local partnership. First, while the devolution of authority and responsibility to the local level is consistent with an American commitment to locally-based service delivery and reform, this new thinking does not eliminate, or even minimize, the importance of state level support. States have a significant responsibility to support localities as they strive to make services for children and families more effective; locally-based planning and implementation of service integration projects should not be used as replacements for state action. What should be sought instead is a relationship characterized by both top-down and bottom-up interactions.

Second, even with the best intentions, linkages between state and local service integration initiatives cannot always be smoothly established. For example, in some states, local collaborative entities do not feel adequately connected to their counterparts at the state level. Others worry that community plans will not be recognized by state agencies. Still others seek to retain the autonomy of initiatives developed and implemented prior to the state's active involvement in service integration. Reciprocity seems best facilitated by durable, viable state and local structures (commissions, offices) that are linked systematically. Such structures appear most effective when they provide a forum for honest dialogue and debate vertically (from locals to state and vice versa) and horizontally (among local entities).

Summary

We conclude that the existence of state-local/local-state linkages and mutual exchange is not only beneficial, but critical, for service integration to thrive statewide. Feeling part of a larger enterprise helps local agencies and programs to retain their commitment to service integration and seems to promote their active involvement. Without a durable state infrastructure, community commitments to service integration are often episodic and largely contingent on the changing attitudes of local leadership. If service integration is deemed as requisite for the improvement of service delivery for all children and families — even those in resource poor localities — then states are obligated to assume part of the responsibility. This responsibility should include assuring that bi-directional, state-local pathways exist and that they are nurtured so localities can lead the way by contributing their full range of knowledge and expertise.

History tells us that human service delivery and efforts at systemic reform have traditionally occurred at the local level. Building on this history, we suggest the creation of service integration efforts that are locally driven, but nourished by the state. Indeed, as we enter the 21st century, we contend that state support of local efforts is essential to successful, equitable service integration.


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Program-centered and policy-centered approaches are the most commonly used approaches in the four states studied.
- Under the program-centered approach, the most commonly used strategy is the creation of planning councils, usually at the local level, that are responsible for planning and implementing specific projects or broad-based community plans.
- Under the policy-centered approach, the most commonly used strategy is the creation of advisory bodies, usually at the state level, that are responsible for facilitating existing initiatives and recommending integrative policies to the legislature and to state agencies.
- When planning councils and advisory bodies are linked within the same initiative, service integration is enhanced.
- Client-centered and organizationally-centered strategies are rarely used in isolation; they are more often seen as complementing or facilitating the other two approaches.

As discussed in Chapter Two, there are four main approaches to service integration: (1) client-centered; (2) program-centered; (3) policy-centered; and (4) organizationally-centered. Each approach is characterized by different strategies, with the twelve initiatives identified as units of analysis in this study employing different constellations of approaches and strategies. This chapter explains the four approaches, examining which strategies they involve, what type of initiatives they foster, and which of their strategies are most commonly used singly, or in conjunction with other strategies (see Table 3, page 77).

The Client-Centered Approach

A client-centered approach to service integration focuses on the point of interaction between service providers and clients; its primary strategies are case management and integrated information and referral. Case management is a strategy in which human service professionals assist clients in developing and executing a coordinated plan of services. Those responsible for case management assume a variety of different functions, including: assessment of client need; development of a cross-program service plan; arrangement for service delivery; service monitoring and assessment; and evaluation and follow-up (Agranoff, 1977; Kagan, 1993). Integrated information and referral is a strategy that provides clients with information about all available services in a given community and functions as a client's initial point of contact with the human service system. Together, these client-centered strategies work to change the way clients are linked to services.

No initiative studied focuses solely on a client-centered approach (see Table 3, page 77). Rather, since client-centered integration occurs at the individual (as opposed to the state or local) level, client-centered strategies are often encouraged in conjunction with other approaches. For example, both Colorado's Family Centers and Florida's Full Service Schools are encouraged to use client-centered strategies in the implementation of their programs. Both initiatives may employ case managers as part of their efforts; in addition, several of these efforts have engaged in integrated information and referral projects. Finally, both local Step Ahead Councils in Indiana as well as local Commissions on Children and Families in Oregon are encouraged to include client-centered strategies in their community plans. As a result, several local Step Ahead Councils have created county-wide client information systems, and, in response to these efforts, the state Step Ahead Office is currently working to create a Family Information System in each of Indiana's 92 counties.

The Program-Centered Approach

A program-centered approach to service integration involves the creation of informal linkages between programs or agencies so that services and resources can be coordinated to better serve clients. There are four primary strategies classified as program-centered: the creation of planning councils; collocation; streamlined application and intake; and pooled funding.

Planning councils are usually located at the local level and are used to support two main activities: community-based planning and programmatic implementation. In the initiatives studied, planning councils are used both to support specific programs and to facilitate the transfer of authority and responsibility for comprehensive human service provision from the state to the local level. Colorado's Family Centers, and Florida's Prekindergarten Program, Blueprint 2000, and Full Service Schools all use planning councils to develop community consensus and implementation plans consistent with the goals and structure of their specific programs. Both Indiana's Step Ahead and the Oregon Commission on Children and Families charge local planning councils with conducting community needs assessments and creating plans of action for the delivery and integration of comprehensive human services in their counties.

The other three program-centered strategies, although sometimes used in isolation, are more often adopted to implement plans developed by planning councils. Collocation is a strategy in which two or more services are provided at a single site, providing clients with a single location at which multiple programs or agencies can be accessed. Both Colorado's Family Centers and Florida's Full Service Schools are based on a collocation strategy; they use planning councils and other program-centered strategies to facilitate and extend the collocation of services. Collocation has also been chosen as a strategy by several local Step Ahead Councils; some have created what they term "Children's Villages," while others have opted for more traditional family centers.

Streamlined application/intake is a strategy which standardizes many forms and requirements that determine eligibility for human service programs. Under a streamlined application/intake strategy, information regarding a family's application for one program or service is shared among agencies, documenting the family's eligibility for and application to an array of services. Although none of the initiatives identified as units of analysis are currently utilizing this strategy, Florida's State Coordinating Council spurred the development of the Department of Education's Collaborative Partnership Project, which provides grants to local communities to foster streamlined application processes.

The fourth program-centered strategy — pooled funding — allows two or more funding sources to be used for the same project, as long as the funds are used only to support activities for which they were originally designated. Five initiatives use pooled funding as a service integration strategy. Both Colorado's Family Centers and Florida's Full Service Schools use pooled funding in the provision of services at their sites; multiple services are provided, but each service is funded by a different source. The administration of Florida's Full Service Schools themselves is funded through a pooled fund-

Findings (cont.)

- Policy-centered and organizationally-centered approaches occur more often at the state level; client-centered and program-centered approaches occur more often at the local level.

- The use of strategies from multiple approaches appears to facilitate:
  - The creation of service integration mechanisms and activities at both the state and local levels;
  - The creation of linkages between strategies, so that a strategy from one approach can facilitate strategies from other approaches;
  - The creation of more enduring systemic change.

ing strategy; operation grants for personnel are provided through either the Department of Education or the Department of Health and Rehabilitative Services, and renovation and remodeling grants come from a public education capital outlay. Both local Step Ahead Councils in Indiana and local Commissions on Children and Families in Oregon are using pooled funding strategies to fund projects in their communities. For example, Indiana has expanded funds available for school-age child care by pooling CCDBG, state funds for drug education and dependent care, and revenue from the state cigarette tax. Pooled funding has also occurred in conjunction with the Oregon Benchmarks process, as organizations come together to fund initiatives that meet the Benchmarks.

The Policy-Centered Approach

The policy-centered approach includes efforts designed to form linkages between strands of the human service system at the policy level. We have identified two main strategies for policy-centered service integration initiatives: the creation of advisory bodies and blended funding.

Distinct from planning councils, advisory bodies are usually located at the state level and make policy recommendations to state, regional, and local governments. Eight of the twelve initiatives studied have created advisory bodies as components of their work (see Table 3, page 77). Of these eight, Colorado's Early Childhood Management Team (ECMT), Florida's State Coordinating Council (SCC), the Oregon Commission for Child Care/Child Care Division (CCC/CCD), and the Oregon Progress Board are advisory bodies that focus on development of broad policy recommendations. Florida's SCC makes recommendations ranging from the creation of a unified budget for the state's early care and education system to standardized application/referral/ intake across health, education, and welfare services. Oregon's Commission for Child Care also makes state level policy recommendations suggesting, for example, the creation of the single, unified Child Care Division, now a party to its efforts. The Oregon Progress Board is responsible for creating general and priority Benchmarks; these Benchmarks are used as mechanisms to direct the creation of integrative policies in both the government and private sectors. Colorado's Early Childhood Management Team recommends integrative policies that may then be enforced by the Department of Education. For example, ECMT has created "Quality Standards for Early Care and Education Services" that must be met by all programs receiving Department of Education funding.

Some advisory bodies, in addition to recommending general integrative policies similar to those discussed above, are also involved in recommending policies that affect specific initiatives. For example, the Florida Commission on Education Reform and Accountability — created in conjunction with the Blueprint 2000 initiative — is responsible for recommending to the legislature and State Board of Education the components of a system of school improvement and accountability, and for monitoring the development, establishment, and maintenance of such a system. The system established by the Florida Commission on Education Reform and Accountability is then applied to and implemented by each local school participating in Blueprint 2000. Similarly, both Indiana's Step Ahead and the Oregon Commission on Children and Families use state level advisory bodies to make recommendations to state agencies and the legislature regarding how to better facilitate the functioning of local councils.

In addition to recommending integrative policies, advisory bodies are sometimes used to provide support for local initiatives. Advisory bodies connected to Indiana's Step Ahead and the Oregon Commission on Children and Families provide resources and technical assistance to their local counterparts. Florida's State Coordinating Council provides technical assistance to districts implementing the Prekindergarten Program.

Blended funding is a second policy-centered strategy in which categorical requirements are waived so that two or more funding sources can be combined for the same project, thus allowing funds to be allocated as needed. Blended funding is classified as a policy-centered strategy, because it requires the creation of policies that allow for the waiver of categorical requirements. Although none of the four states studied has created a fully blended funding strategy to date, Indiana has submitted a consolidated plan to the federal government that proposes the creation of blended funding mechanisms. Under the Indiana Collaboration Project — the state/federal governing partnership acting in conjunction with the Step Ahead process — funding agreements may be created by state and local agencies and programs to authorize joint funding of selected services, transfer of funds between related projects, and coordination of budgeting, accounting, and reporting services. (For a more detailed discussion of the Indiana Collaboration project, see Chapter Eight, or Appendix I).

The Organizationally-Centered Approach

An organizationally-centered approach to service integration refers to efforts by government to reconfigure relationships among state agencies, offices, and other arms of government. Three primary strategies fall under the organizationally-centered approach: restructuring within departments; restructuring or reorganization across departments; and reconfiguration of accountability. Restructuring within departments refers to a reorganization that works to redefine departmental procedures, responsibilities, and priorities. Restructuring across departments involves a similar process and may include the creation of umbrella agencies that consolidate formerly independent agencies under a single new organizational entity. Reconfiguration of accountability refers to a strategy in which state agency and management staff from different departments are made accountable to a single office or individual for a given population or service category. This strategy is intended to foster communication across departments and institutionalize the ideal of shared responsibility for a common issue.

Organizationally-centered integration is used in only three of the twelve initiatives, and only one initiative — Colorado's Health and Human Services Restructuring — uses organizationally-centered integration as its primary focus (see Table 3, page 77). Colorado's Restructuring involves service integration in that it focuses on changing the way in which Colorado's human service system operates in order to promote systemic coordination and integration at the service level. Therefore, although Restructuring is seen as an independent initiative, its goal is to create an ideology or climate of service integration that will facilitate and foster the efforts of other initiatives in Colorado.

This concept of organizationally-centered strategies as facilitators of service integration is widely discussed by theorists; an organizationally-centered approach is said to act as a foundation for additional and more direct integrative efforts, removing barriers to integration and creating new opportunities for change (Agranoff & Pattakos, 1979; Dempsey, 1982; Levinson & Hutchinson, 1973; Sampson, 1971). Following this reasoning, the creation of Indiana's Step Ahead was accompanied by restructuring that created the Family and Social Services Administration (FSSA), through combining the divisions of Human Services, Mental Health, and Public Welfare. Originally, Step Ahead was placed in the Bureau of Child Development in FSSA; however, as of 1993, Step Ahead now reports directly to the Secretary of FSSA. This reconfiguration of accountability emphasizes both Step Ahead's focus on services for children and families and, with the advent of the Indiana Collaboration Project, its expansion to include services for children birth to 18 years of age.

Another example of restructuring being used to foster a mindset around service integration initiatives occurred in Oregon when the duties of the Office of Child Care Coordination within Oregon's Department of Human Resources were transferred to the Child Care Division within the Employment Department. Placement in the Employment Department is designed to remove child care from the realm of social welfare and establish early care and education services as a necessary support related to employment. As such, it is hoped that early care and education will be seen as a mainstream service essential for all children, not only those from poor families.

The Four States

While the four states utilize strategies from multiple approaches, service integration efforts in each state are focused differently. Service integration in Colorado is based on a division of labor among efforts — rarely does any single initiative use strategies from more than one approach. As a result, service integration in Colorado can be seen as an array of service integration

Table 3

	Colorado				Florida				Ind.	Oregon		
	SEEC	ECMT	RSTC	FC	SCC	PRE-K	BP2000	FSS	SA	OB	OCCF	CCC/CCD
Client-Centered												
Case Management				●				●	●		●	
Integrated Info & Referral				●				●	●			
Program-Centered												
Planning Councils				●		●	●	●	●		●	
Collocation				●				●	●			
Streamlined Application/Intake												
Pooled Funding				●				●	●	●	●	
Policy-Centered												
Advisory Bodies	●	●			●		●		●	●	●	●
Blended Funding												
Organizationally-Centered												
Restructuring Within Depts.			●						●			
Restructuring Across Depts.			●						●			●
Configuration of Accountability			●						●			●
Location												
State Level	●	●	●		●		●		●	●	●	●
Local Level				●		●	●	●	●		●	
Domain												
Within		●			●	●			●			●
Across	●		●	●	●		●	●	●	●	●	

Colorado

SEEC:	State Efforts in Early Childhood Management Team
ECMT:	Early Childhood Management Team
RSTC:	Health and Human Services Restructuring
FC:	Family Centers Project

Indiana

SA:	Step Ahead

Florida

SCC:	State Coordinating Council
Pre-K:	Prekindergarten Program
BP2000:	Blueprint 2000
FSS:	Full Service Schools

Oregon

OB:	Oregon Benchmarks
OCCF:	Commission on Children and Families
CCC/CCD:	Commission for Child Care/ Child Care Division

strategies — advisory bodies; agency restructuring; and family centers — with few linkages among them.

Service integration in Florida is characterized by a program-centered approach. Florida's primary strategy is the use of community-based planning councils that work toward the development and implementation of Prekindergarten programs, Blueprint 2000 school improvement plans, and Full Service Schools. This program-centered approach is complemented by a policy-centered initiative — the State Coordinating Council (SCC). SCC makes policy recommendations that support and strengthen the programmatic initiatives. While the initiatives are encouraged to collaborate with each other whenever possible, there are at present no formal linkages between the three programs and, outside of SCC policy recommendations, no major efforts to foster service integration across them.

Indiana combines strategies from all four approaches into a single initiative. Client-centered and program-centered strategies fall under the jurisdiction of local Councils; policy- and organizationally-centered strategies are assumed by the state Step Ahead Office and other state agencies and councils that support the initiative. Additionally, as discussed in Chapter Six, Step Ahead has created four specific mechanisms — the state Step Ahead Office, the Step Ahead grant process, the Kitchen Cabinet, and regular meetings between local Council coordinators — that link efforts across approaches (program-centered and policy-centered). These clear avenues of communication foster the use of strategies from one approach to facilitate strategies aligned with a different approach. For example, the state Step Ahead Office can recommend policies that directly facilitate the programmatic work of local planning Councils.

Oregon's Commission on Children and Families is similar to Step Ahead in that it uses strategies from multiple approaches. However, in contrast to Indiana, the Oregon Commission on Children and Families is complemented by two policy-centered initiatives — the Oregon Benchmarks and the Commission for Child Care/Child Care Division (CCC/CCD). The Oregon Benchmarks are the policy arm of the Progress Board; these outcome-based measures guide efforts at all levels of government and in the private sector. As a result, although local Commissions in Oregon are left to develop their own program-centered or client-centered strategies, many choose to shape these strategies around specific Benchmarks. The CCC/CCD engages in some specific program-centered strategies, but its primary role is to make policy recommendations that ensure attention to early childhood in the work of the Commission and the Benchmarks. Therefore, while the Oregon Commission on Children and Families itself does not use strategies from all four approaches, it is supported by external initiatives that focus and strengthen its work.

Discussion

THE IMPORTANCE OF PROGRAM- AND POLICY-CENTERED APPROACHES

The majority of initiatives studied concentrate their efforts on program-centered and policy-centered approaches. With the exception of Colorado's Health and Human Services Restructuring, each initiative uses strategies from at least one, if not both, of these two approaches. Eleven of the twelve initiatives have adopted planning councils and/or advisory bodies as key strategies for their service integration initiatives.

This focus on the creation of these entities illustrates the crucial link between service integration and collaboration; it is difficult to integrate programs and services without the support of the individuals responsible for them. In each instance, planning councils and advisory bodies are seen as a means of bringing key players together for collective decision making.

Planning councils and advisory bodies are seen as a means of bringing key players together for collective decision making.

Another consideration in the use of planning councils and advisory bodies is the creation of linkages between them. In the case of advisory bodies that are used as oversight mechanisms, the linkage is explicit; the advisory body monitors and serves as a resource for planning council activities. However, when an advisory body is focused on the creation of specific policies, its links to planning councils may be equally important. Often, the policies created by advisory bodies affect the work of planning councils; or, conversely, the work of planning councils may suggest the creation of a specific policy. Therefore, a linkage between planning councils and advisory bodies — manifest in direct channels of communication — may be important to the success of service integration efforts.

The existence of such a linkage marks a crucial distinction between those states that combine planning councils and advisory bodies in the same initiative (Indiana and Oregon) and those that use these strategies in separate initiatives (Colorado and Florida). For example, Indiana's advisory bodies (the Step Ahead Panel and the Kitchen Cabinet) are components of a total process. Their representatives are in direct contact with local Council coordinators and receive periodic updates on Council activities. In contrast, because Colorado's Family Centers and State Efforts in Early Childhood Management Team (SEEC) are separate initiatives, Family Center planning councils do not always have a direct way of communicating policy barriers to the SEEC advisory body. When planning councils and advisory bodies are linked within the same initiative, it appears easier for the advisory bodies to recommend policies that facilitate the work of planning councils.

THE CONNECTION BETWEEN APPROACH AND LEVEL

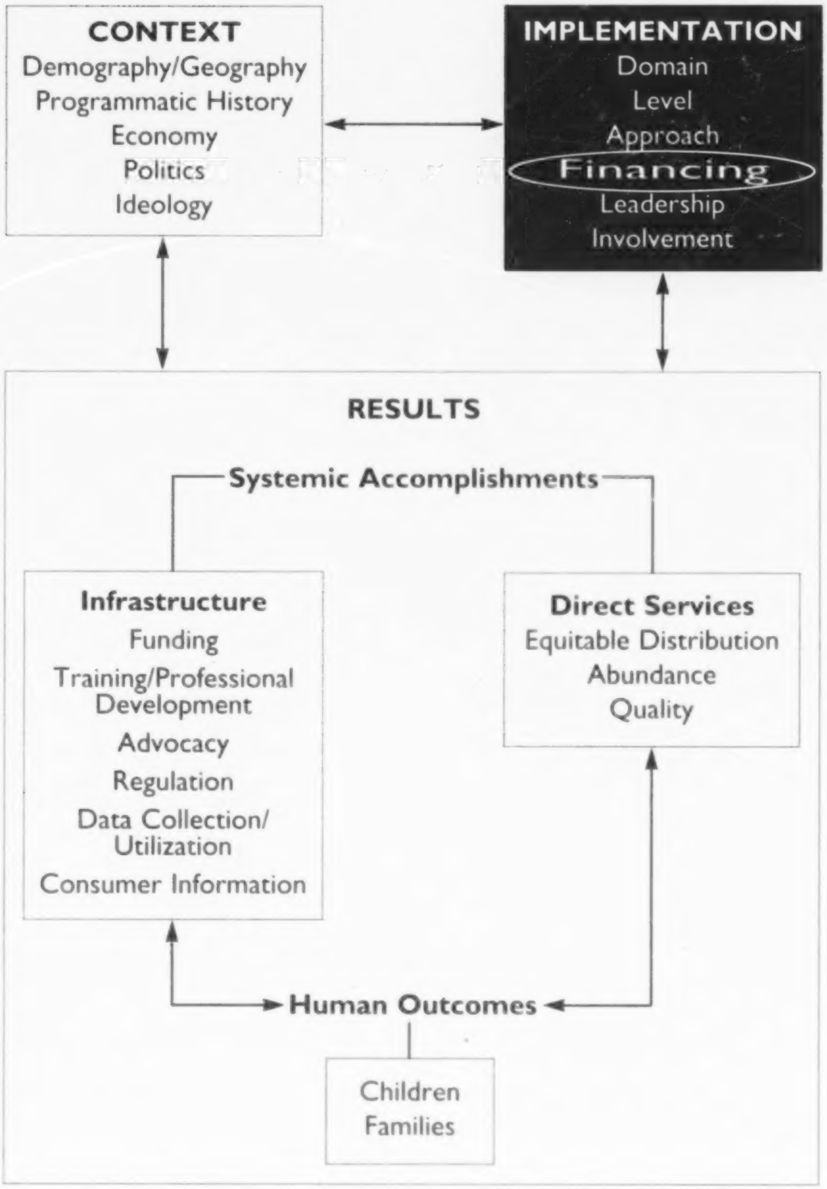
In Chapter Six, we discussed the different activities that were undertaken at state or local levels. This chapter suggests that major activities at the state level focus on the creation of oversight, advisory, or policy-making bodies, and the implementation of state agency restructuring (i.e., policy-centered and organizationally-centered approaches). Major local level activities include the creation of planning councils and the implementation of specific projects (i.e., program-centered and client-centered approaches). The implication of this "division of labor" is that linkages occurring across approaches often require linkages across levels and vice versa; initiatives that restrict themselves to a single approach may also be restricting themselves to service integration activity at a single level.

THE IMPORTANCE OF MULTIPLE APPROACHES

This study's analysis of approaches to service integration illustrates the value of using strategies from multiple approaches in the creation of a comprehensive service integration initiative. According to the four states studied, use of multiple approaches would seem to be important for three reasons. First, it promotes the creation of service integration mechanisms and activities at both the state and local levels. Second, it facilitates linkages among strategies; advisory bodies and planning councils that are part of the same initiative are more likely to be linked than councils and bodies that belong to separate initiatives. And third, the use of strategies from multiple approaches seems more likely to facilitate more broad-based systemic change. Strategies from any one single approach may affect a given component of the human service system, but may not have the strength or support to effect comprehensive service integration.

Summary

Service integration in each of the four states studied is influenced largely by the approaches and strategies chosen to implement it. As discussed above, the dynamic nature of service integration lies in the interaction between strategies and approaches and in the crafting of linkages between them. As states move toward more comprehensive service integration efforts, perhaps the classification of initiatives into discrete approaches and strategies will become increasingly obsolete.


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/ Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Funding for service integration initiatives is drawn primarily from the government sector.
- State commitment to service integration seems to be a necessary precondition for significant state expenditures on service integration projects; however, the size of state expenditure also appears to be determined by the state's fiscal climate.
- States make four crucial decisions in allocating funds to service integration initiatives:
  - Whether or not to allocate funds to create infrastructural components of service integration, including training/professional development, evaluation, agency restructuring, and creation of new standards of practice;
  - Whether to fund planning, implementation, or both;
  - Whether or not to adjust service integration initiatives for political feasibility, keeping in mind that initiatives that focus on traditional governmental roles are more likely to win broad-based support;
  - Whether to implement an initiative statewide, or on a pilot basis.

In the administration and delivery of human services, concerns about the adequacy of funding abound. Services are often underfunded, personnel are underpaid, and many service providers feel that they lack the necessary resources to do their jobs properly. At the same time, many argue that too much money is spent on human services, often siphoning precious resources from other crucial investments. Moreover, the complex categorical system of financing frustrates efforts to provide comprehensive, easily accessible services to children and families.

It is in this fiscal context that proponents of service integration and human services reform advocate for change. Several authors (Berlin, 1993; Rivlin, 1992) question whether it is possible to advance a child and family agenda without realigning the public — federal/state/local — and private systems responsible for financing social service programs. Because restrictions often affect both the content and the delivery of human service programs, Berlin (1993) argues that current financing mechanisms are a key factor in any effort to expand and reshape programs for children and families.

Financing is a central issue in the service integration efforts observed in this study. We have focused attention both on how financing affects the development of service integration initiatives and on how service integration itself can address difficulties in human service financing.

To explore the multiple roles of financing in service integration efforts, this chapter begins with an explanation of the challenges currently faced in financing services for children and families, pointing to the role that service integration can play in addressing these challenges. Next, the chapter considers the importance of financing to the inception, development, and durability of service integration initiatives, looking at four key issues: the sources of funding for service integration efforts; the allocation process; the amount of funding available; and financing strategies used in integrative initiatives.

(Note: the term "funding" refers to the amount of money available to a given initiative. "Financing" refers to the processes through which money is allocated to or used by initiatives. Therefore, we will speak of "funding levels," but "financing strategies.")

The Challenges of Financing Human Services

Currently, federal aid to states and localities for social service programs takes two primary forms — categorical grants and block grants. Categorical grants specify categories of persons, programs, agencies, or services for which the funds can be used. Programs funded by categorical grants must design their services to fit these requirements.

Since social services in a given state are regulated by separate and often inconsistent categorical requirements, hundreds of programs emerge, each with different definitions of their client populations, and each providing different, although often overlapping, sets of services. Categorical requirements make it difficult to provide services to multi-problem families who need help from more than one program or agency at a time. Additionally, categorical grants make it difficult for programs or agencies to create fiscal or program linkages to coordinate service delivery. As S. Gardner (1994) has noted, categorical funding hinders the design and implementation of both family-centered services, and services capable of responding to community needs.

In contrast, block grants are usually a consolidation of several categorical grants and are provided to states and localities with fewer federal restrictions. As a result, block grants give recipient governments greater discretion over program design and administration. Although block grants are thought to address some problems of fragmentation and duplication previously discussed, two factors work against their success in reforming the financing system. First, the total amount of federal money coming into a state or locality from a cluster of categorical grants is frequently reduced when a block grant approach is implemented. State and local governments gain flexibility over the funds but often end up with less money with which to be flexible. Second, because human services financing is still biased toward the categorical system — there are currently thirteen block grants versus 578 categoricals (Advisory Commission on Intergovernmental Relations, 1994) — grant recipients often use block grant funds according to categorical requirements. Therefore, instead of reforming the financing system, block grants become stymied within it.

While the federal government plays an important role in financing social services, states also assume a significant amount of financial and administrative responsibility. States are often required to make fiscal contributions as a condition of receiving both categorical and block grants; for example, most states pay 50 percent of the cost of Aid to Families with Dependent Children and Medicaid (Rivlin, 1992). In the 1980s, as President Reagan tried to reduce domestic spending by decreasing federal responsibility for financing social programs, states and localities had to fill the gap left by the federal government.

At the state level, three fiscally related factors act as constraints on the expansion and reform of services for children and families. First, states have unequal financial resources. As a result, regardless of a given state's commitment to change, state funding may not be available. Second, although states can enlarge their revenue by increasing property, business, or sales taxes, they are often reluctant to do so for fear of losing businesses or sales across state lines. Third, many states are required to balance their budgets. This acts as an added constraint on spending, especially in times of recession or slow economic growth.

Given this fiscal context, service integration has been suggested as a key strategy for reforming financing systems, for several reasons. First, service integration is seen as a strategy that increases the economy of the human services system (Gardner, S., 1994; Kusserow, 1991). By decreasing bureaucra-

Findings (cont.)

- The states studied use financing strategies in three basic ways:
  - Financial incentives are used as catalysts for service integration projects and strategies;
  - Increased funding is used to shape or direct service integration efforts;
  - Pooled and blended financing strategies are used to overcome barriers presented by categorical grants.

cy and duplication of efforts, integrated services and service delivery systems can become more cost-efficient, with portions of monies saved funneled back into service delivery, while other portions are accrued as savings. Second, service integration can be used to redress the categorical financing system and diminish its negative effects. Service integration seeks to foster collaboration across programs and services even in the face of categorical requirements, and emphasizes linkages between programs that serve similar populations or provide similar services. Third, service integration may produce new financing strategies that cut across categorical boundaries. Service integration promotes the pooling of funds at the state and local levels, even when these funding sources must be separated when reported to federal auditors.

The Effects of Financing on Service Integration

At the same time that service integration may be crucial to reform of financing systems, financing mechanisms can be used as a means to further service integration agendas and initiatives. Creative use of financial incentives and the development of new financing mechanisms can serve as catalysts for collaboration, enablers of integration, and as strategies for broad-based participation. Given service integration's potential to address financing issues, it is important to examine how financing works in service integration efforts, how it affects their development, and how financing can be used to propel service integration forward to serve children and families.

The implementation of service integration initiatives requires an expenditure of funds over and above what has been allocated for direct service projects. These additional funds are used to create the mechanisms necessary to promote and sustain reforms.

SOURCES OF FUNDING FOR SERVICE INTEGRATION EFFORTS

In the four states studied, government is the major funding source for service integration projects. Both Family Centers in Colorado and Step Ahead Councils in Indiana receive funding from federal grants including CCDBG, Title IV-A At-Risk, and Title XX. Florida's Full Service Schools and Oregon's Commission on Children and Families are both funded through legislatively appropriated state agency funds. The Prekindergarten Program in Florida is funded through an education enhancement grant consisting of state lottery money. Although government sector funding is usually drawn from the federal or state levels, Florida has created an innovative mode of local government financing. The state allows its counties to levy local taxes for children's programs and to funnel the money into local Children's Services Councils. As a result, Florida's Pinellas County has used Children's Services Council funding as a local matching grant for federal programs, and has been able to obtain supplemental federal funding at the local level.

In spite of the dominance of governmental support, service integration efforts are increasingly trying to draw on private sector funds. Of the four states studied, all have solicited private sector — for-profit and nonprofit — funding for their service integration strategies, and have met with varying degrees of success (see Chapter Ten).

THE ALLOCATION PROCESS

There is a tension in the service integration field regarding whether or not the process itself requires a financial commitment. Kusserow (1991) argues that service integration is not a "quick fix" for an ailing human service system, but rather an "investment toward enduring reform." As such, the implementation of service integration initiatives requires an expenditure of funds over and above what has been allocated for direct service projects. These additional funds are used to create the mechanisms necessary to promote and sustain reforms; however, they are often seen by legislators and agency administrators as "money down the drain" (Kagan, 1993).

Compounding this tension, when service integrators ask for dollars for their own programs, they are often seen as doing so at the expense of direct service programs (Firestone & Drews, 1987). Indeed, competition for scarce resources is often cited as a barrier to service integration (Weatherley et al., 1987). In Indiana, this tension played itself out in initial opposition to a legislative appropriation for Step Ahead. It was argued that funding for Step Ahead Councils would take money away from direct service programs. However, Kusserow (1991) notes that direct funds have often been vital to the establishment of service integration strategies, such as collocated services, case management, and client information systems. Without this additional funding, the infrastructure to support integration often cannot be created.

A similar issue related to funding allocation regards the political feasibility of funding certain projects over others. For example, in Colorado, it was easier to gain broad-based support for the Colorado Preschool Program — a program that provides educational services for at-risk 3 and 4-year-olds — than it was to gain support for Family Centers. It was argued by some that the Family Centers intrude on family self-sufficiency and use government funds and resources to provide supports that should be provided in the home.

Once funded, states vary in their decisions to allocate dollars for planning or implementation phases of a given service integration initiative. For example, both Florida's Prekindergarten Program and Full Service Schools give large grants to participating schools and school districts. However, grants are given only after a school or district's plan has been approved; no portion of the grant is allocated to the planning process. Florida's Blueprint 2000 — primarily is a planning process around school improvement — is seen as a reorientation of schools, and is not accompanied by new funds. However, Advisory Councils for each Blueprint 2000 school still must meet, discuss school improvement plans, and create strategies to fulfill them. Florida's legislature has recognized that supplemental financial support may be needed for strategy components not easily covered by current budgets — such as training, assessment, and technology — but such funds have not yet been provided.

In contrast, Indiana gives planning grants to each local Step Ahead Council, but expects localities to fund implementation through general allocations er local resources. In 1994, for the first time, certain Step Ahead Councils have become eligible to apply for specific Step Ahead implementation grants.

Oregon is funding both the planning and implementation of local Commissions on Children and Families. Funds allocated to local Commissions may be used for program development and implementation, planning, administration, and budgeting. Each local Commission is required to spend a portion of its budget on two staff members who are responsible for facilitating the coordinated planning, thereby bridging the gap between planning and implementation.

A final allocation issue relates to the states' equitable distribution of funds to localities. Many argue that funds are distributed unequally, noting that states tend to concentrate funding on "favored" areas, usually urban centers. The main vehicle for this concentration is the funding of pilot projects. States frequently choose pilot sites based on an application process; communities with greater resources and with experience in grant writing are usually more successful in this process.

Alternatively, a state can choose to implement an initiative statewide, and to allocate resources across all counties. In the four states studied, approaches differed. Colorado chose to fund Family Centers on a pilot basis, with a hope of expanding the project in subsequent years. With the initial Family Center allocation of $195,000, it was impossible to distribute money across the state. The pilot status of the Family Centers has made it more difficult for them to be a vehicle for systemic change and has made the program more vulnerable to congressional sunsetting.

In contrast, both Indiana's Step Ahead and the Oregon Commission on Children and Families were intended to be implemented in every county across the state. Therefore, every county, both urban and rural, was given an allocation. Some would argue, though, that universal implementation has spread Step Ahead's resources too thinly and that smaller counties still are being left behind in the process.

THE AMOUNT OF FUNDING AVAILABLE

There are many factors that enter into states' funding decisions for service integration projects, including the state's economic condition, its commitment to spending for children's services, its willingness to use public dollars for service integration, and the project's focus. As mentioned above, certain service integration efforts are implemented for the express purpose of saving program dollars. Colorado's Health and Human Services Restructuring was proposed by the Joint Budget Committee in reaction to Colorado's Amendment I, which placed a cap on state spending. Therefore, Colorado's Restructuring is not accompanied by any new funds; it is being billed as a way to reduce bureaucratic expenditures and reinvest in social services without increased allocations.

A second issue related to a project's focus concerns the degree to which planning (versus implementation) is regarded as a worthy financial investment. For example, Indiana's Step Ahead focuses on local level planning and assumes that local implementation funds will be gathered from other sources. The Oregon Commission on Children and Families provides grants that fund both planing and implementation. As a result, the smallest county in Oregon receives $300,000 a year from the state level Commission; this is more than three times the amount allocated to the largest county in Indiana ($98,000). In contrast to Step Ahead's $3.5 million yearly allocation, Florida's Prekindergarten program is funded at more than $63 million, but all the Pre-K money goes toward the actual provision of early care and education services to at-risk 3 and 4-year-olds.

If a "price-tag" is associated with a service integration project, a hunger for funds often translates into a commitment to service integration.

FINANCING STRATEGIES

When used creatively, financing strategies can play many different roles for service integration efforts. First, financial incentives can be used as catalysts to create or foster service integration efforts. If a "price-tag" is associated with a service integration project, a hunger for funds often translates into a commitment to service integration. In the words of Sid Gardner, "nothing coordinates like cash" (Kusserow, 1991). For example, at the inception of Step Ahead, Indiana announced the availability of federal CCDBG funding, and explained that every county with an operational Step Ahead Council would be permitted to make certain decisions regarding the allocation of these funds. All 92 counties began the convening process within the first nine months of the initiative. In a more extreme example, every local commission in Oregon is guaranteed an allocation ranging from $300,000 to $4 million.

In an alternative strategy, the Oregon legislature decided to reform state financing so it would be tied to the Benchmarks process. The legislature cut — and then reallocated — 20 percent of the state budget, with 10 percent given back to state agencies meeting general Benchmarks and an additional 10 percent divided among state agencies meeting the priority Benchmarks. Fiscal reallocation became a catalyst for adoption of the Benchmarks which, in turn, is serving as a catalyst for service integration efforts.

In other cases, the presence of — not hunger for — funding can be a catalyst for service integration efforts. For example, as a result of funding available through Florida's Prekindergarten Program, the Commissioner of Education initiated a Head Start Cooperative Funding/Collaborative Partnership Incentives program in 1991. The funding was provided to improve the program quality of Head Start programs through more equitable financial support of programs serving similar populations of children. From 1991-1992, the Program gave a total of $6 million to 36 Head Start programs. In 1993, the Program was expanded to provide incentives for partnerships among other providers of early childhood services, including private and sub-

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sidized child care. The program is now known as the Collaborative Partnerships Project.

Financial incentives can also act as shapers or directors of service integration initiatives. If money is available for a specific purpose, this purpose will receive greater attention and development. For example, as a result of the early influx of CCDBG money into the Step Ahead process, individuals with a direct interest in child care were most interested in becoming a part of the initiative. As a result, some local Councils have had to struggle against disproportionate representation from the field of early care and education; Step Ahead as a whole has had to struggle against the perception that it is a child care/early childhood initiative.

In Oregon, selective funding is used as a strategy to further and shape the Benchmarks initiative. A number of corporations and foundations have adopted Benchmarks, and are setting priorities accordingly for allocation and distribution of funds. The Oregon Community Foundation, the Work Force Quality Council, and the Portland United Way have all identified priority Benchmarks and award grants based on the ability of recipient organizations to meet them.

Through blended funding, services are integrated for the client, and funding sources are integrated for the administrator.

Finally, financing strategies can be used to minimize effects of categorical grants. As a strategy for systemic reform, service integration itself can address difficult financing issues. Two main financing strategies fall under this heading — pooled funding and blended funding. As mentioned in Chapter Seven, pooled funding describes a situation in which two or more funding sources can be used for the same project, but must be used according to their categorical requirements. Through pooled funding, services may be integrated for the client, but the funding sources must remain separate at the administrative level. Blended funding describes a situation in which categorical requirements are waived so that two or more funding sources may be used for the same project, and funds may be allocated as needed. Through blended funding, services are integrated for the client, and funding sources are integrated for the administrator, as long as some aspect of the project falls under the jurisdiction of the grants that support it.

Because it is a less radical approach, pooled funding is much more prevalent in the initiatives observed. In the four states studied, a broad spectrum of pooled funding strategies existed. In Florida, Full Service Schools are funded through three sources: a Full Service Schools operational grant program in the Department of Education (DOE); a Supplemental School Health operations grant program in the Department of Health and Rehabilitative Services (HRS); and a public education capital outlay. Some schools receive funding from DOE, while others are funded by HRS. All schools receive renovation and remodeling grants through the public education capital outlay.

In another example, one Oregon county is using a pooled funding strategy to finance a local teen center. The county is using money allocated from school retention funds to finance the program's education component, juvenile justice dollars to fund the counseling component, and CCDBG dollars to fund a child care component for teen mothers. Even though all of these different funding sources are being used for the same project, they must be allocated for discrete services.

Although none of the four states studied has created a fully blended funding strategy to date, Indiana has submitted a Consolidated Plan to the federal government that proposes the creation of blended funding mechanisms. The Indiana Consolidated Plan (ICP) works within the categorical system, but sets up possibilities for the consolidation of categorical grants on a case-by-case basis.

At the local level, the Indiana Consolidated Plan enables organizations to integrate the funding streams of several categoricals through the creation of Shared Funding Agreements (SFAs). SFAs are agreements between organizations to share the cost of providing services to a child or family. If two organizations are party to an approved SFA, each organization may provide a portion of the needed services to the other, or the organizations may share responsibility through cash or in-kind assistance to each other. In determining compliance with categorical program requirements, state supervising agencies responsible for the categoricals recognize and give credit for the work product and service delivery of the organizations party to the SFA

Under ICP, the mechanism for consolidation of categoricals at the state level is Consolidated Funding Agreements (COFAs). COFAs are agreements between state supervising agencies which authorize joint funding of selected services, such as planning, family information and referral services, training, staff development, technical assistance, use of joint facilities, and coordination of budgeting, accounting, and reporting services.

Summary

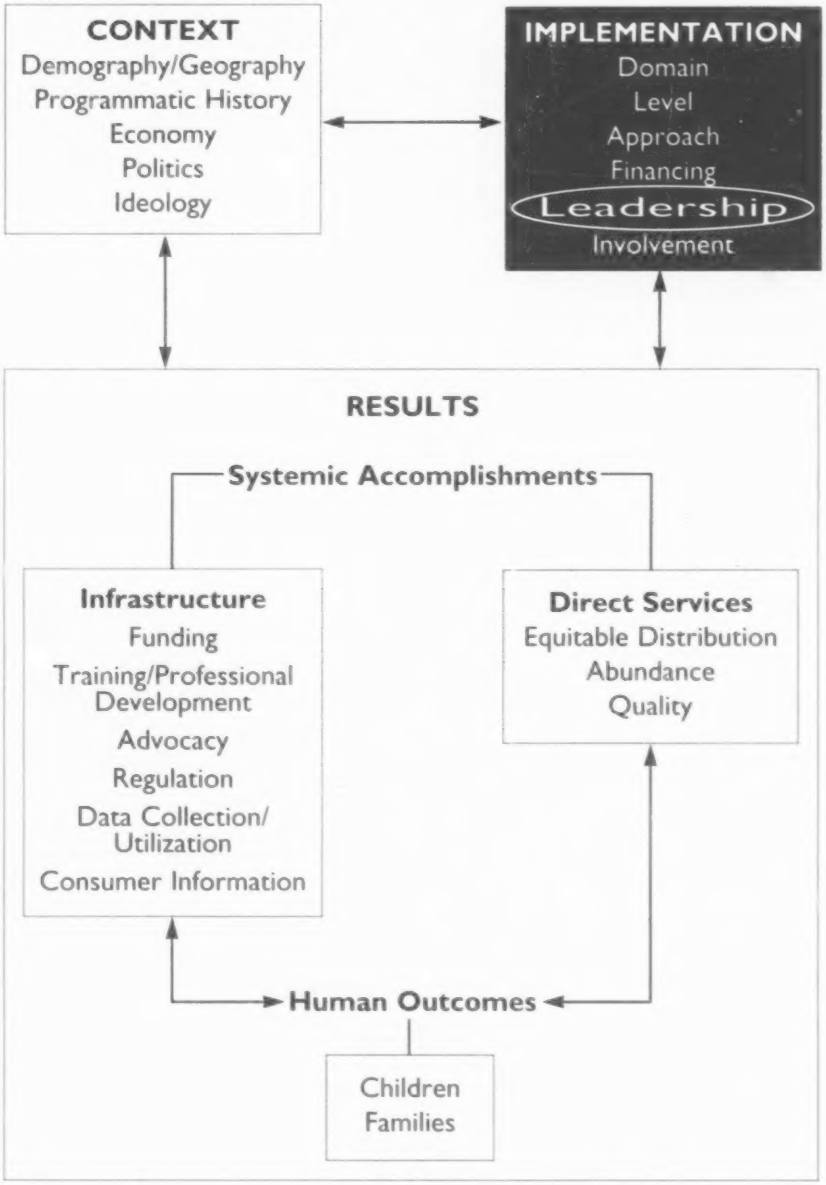
Financing strategies are powerful tools for service integration efforts and can be used in many different capacities — yet they are also conceptually complicated. Service integration has been suggested as a key strategy for reforming financing systems; however, at the same time, creative financing mechanisms can be used as a means of furthering service integration agendas and initiatives. The four issues discussed in this chapter — funding sources; the allocation process; the amount of funding available; and financing strategies — illustrate the complexity and challenges of this relationship.

Although the government sector is the primary funding source for service integration projects, these projects are often designed to address problems and barriers related to government funding. While service integration strategies are thought to reduce wasteful spending, thereby increasing funds available to be allocated to social services, the implementation of service integration initiatives may require an additional expenditure of funds.

Financing strategies such as pooled and blended funding are instrumental to the implementation of service integration projects; these strategies are also important tools in reforming the financing of human services. The relationship among the current system of human service financing, the process of service integration, and the use of innovative financing strategies makes financing a central component of service integration initiatives.

ADVANCING SERVICE INTEGRATION THROUGH LEADERSHIP

CHAPTER 9


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
Level
Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Governors can help focus attention on children's issues and lead state officials toward addressing them. However, shifting gubernatorial attention or the departure of a committed Governor can jeopardize new programs and policies.
- Legislative leadership is essential to the passage of new programs and policies. Almost every initiative studied is accompanied by legislation. In some cases, legislative attention to bureaucratic or budgetary concerns, however, may overshadow service integration's focus on human outcomes.
- Senior level managers are positioned to play a critical role in service integration efforts because of their sustained commitment to issues and projects, their experience navigating state bureaucracies, their knowledge of many different human service programs, and their ability to use long-standing relationships to surmount traditional bureaucratic barriers.
- Leadership on behalf of integrated services involves the creation of a shared vision.
- As a strategy, service integration necessitates changing patterns of behavior and effecting new relationships.

Creating integrated, comprehensive, and family-centered programs and services for young children and their families challenges states and communities to rethink their usual ways of doing business. Because strong leadership is needed to foster such a large scale shift, this study aims to better understand the varied contributions of individual and organizational leadership to service integration efforts.

In recent years, leadership and its attributes have become a topic of escalating interest. Historically, examination of leadership has focused on the personal attributes or traits that leaders bring to their tasks, the characteristics or qualities of organizations that promote leadership behaviors, and the variations in context that are associated with different versions of effective leadership (Kagan, 1994; Taylor, 1994).

With our emergence into a post-industrial era, however, leadership is being re-examined in terms more consistent with a society undergoing rapid change. More recent interpretations have been propelled by an increasing appreciation for the complexity of today's world, the limitations of bureaucratic government (Osbourne & Gaebler, 1992) and traditional industrial models (Walton, 1986), and the need for organizations to include democratic principles in their daily operations to effect meaningful and significant organizational change (Block, 1993).

Colorado, Florida, Indiana, and Oregon have a rich cadre of leaders who have risen to these challenges. Faced by increasingly complex systems and needs, leaders in each state have directed attention to children and to service integration and have created new structures with the express purpose of generating more holistic relationships in the service of children and families. These leaders, capitalizing on newly created forums, have furthered change both singly and in concert with each other. Their unforeseen, and largely invisible, relationships that link the extensive activity focused on advancing service integration seem pivotal to understanding how long-term change is being effected in these four states. As explained by Wheatley (1992),

> changes in small places create large-systems change, not because they build one upon the other, but because they share in the unbroken wholeness that has united them all along. Our activities in one part of the whole create non-local causes that emerge far from us. There is value in working with the system any place it manifests because unseen connections will create effects at a distance, in places we never thought. This model of change — of small starts, surprises, unseen connections, quantum leaps — matches our experience more closely than our favored models of incremental change (pp. 42-43).

This chapter describes such leadership, identifying the types of leaders crucial to the development of service integration initiatives, and explaining their unique roles and contributions to the integrative process. These types include: Governors; legislators; senior level managers from state agencies; and organizations. In addition, this chapter concentrates on leadership functions of particular importance to service integration efforts, including the fostering of shared vision and the creation of new structures and patterns of behavior.

Types of Leadership

GUBERNATORIAL LEADERSHIP

In all four states, the Governor was instrumental in launching service integration initiatives. Interestingly, gubernatorial support arose not from a commitment to service integration as a strategy per se, but from a commitment to improving the lives of children and families within the state. Each Governor brought children's issues to the forefront of the state's agenda through public awareness campaigns, broad-based outreach efforts, and the presentation of children's initiatives to the legislature.

Each Governor also relied on advisors or senior level managers to craft the programs and policies that would constitute the children's agenda. Since, in each of the four states, this staff was committed to service integration, service integration initiatives often became part of the strategy to bring the children's agenda to fruition. Indiana's Step Ahead, for example, was conceived by a group of Governor Bayh's advisors, at his behest, and was conceptualized as his integrative legacy to the state.

In Colorado, First Impressions and the State Efforts in Early Childhood Management Team (SEEC) were each created as Governor's initiatives and operated out of the Governor's office. In addition, the Governor's Policy Academy Team on Children and Families At-Risk was instrumental in channeling Governor Romer's commitment into integrative initiatives such as the Family Centers and the state Health and Human Services Restructuring.

Governor Neil Goldschmidt commissioned the Oregon Shines report which formed the basis for the Progress Board. In turn, senior level managers on the Oregon Progress Board brought Goldschmidt's agenda to action through the Benchmarks.

And in Florida, Governor Graham set up the Child Care Advisory Council in 1985, which later became part of one of the state's main integrative efforts — the State Coordinating Council.

In the four states studied, gubernatorial leadership has played a crucial role for two reasons. First, as in any state, the Governor is endowed with the unique power to highlight an issue, generate enthusiasm around it, and lead state officials toward addressing it. Second, as discussed in Chapter Four, each of the four states studied has a history of limited attention to young children and limited acceptance of service integration as a reform strategy. Given this contextual climate, the Governor's interest has often brought political prominence to service integration efforts.

Gubernatorial sponsorship of service integration, however, is not without risk. Often, restructuring government agencies and initiating and institutionalizing integrated programs and services requires sustained, multi-year attention. Though crucial at the outset of many service integration initiatives, commitment to child and family issues has not consistently remained a focal point for the four Governors. Other pressing demands, such as state deficits or the citizenry's mounting concern about violence, has, in some cases, redirected gubernatorial attention. In Florida, for example, senior level managers and members of the State Coordinating Council have felt the Governor's shifting attention in terms of limited or inconsistent support from appointed department heads and elected officials — individuals whose backing is needed for instituting integrated, cross-departmental programs and services.

Attention and commitment can also be shifted to different issues when a new Governor takes office. This reality of the democratic process may make service integration initiatives linked primarily to gubernatorial sponsorship more vulnerable. The reigning Governors of Colorado and Florida both face re-election; Governor Roberts has decided not to run for re-election in Oregon; and Governor Bayh of Indiana is confronted with a mandated term limit. Although Colorado's Governor Romer is focusing much of his re-election campaign on a children's agenda, front-runners in the other three states have directed minimal attention in their campaigns to children's issues to date. Anxiety is mounting regarding the potential consequences of new gubernatorial leadership for state service integration initiatives which, because of their youth, are vulnerable to shifting support. It is particularly noteworthy, therefore, that Oregon Governor Goldschmidt's initiatives were sustained by his successor, Governor Roberts, thus granting an extended period of development and support for Goldschmidt's vision of the Oregon Progress Board and Benchmarks.

LEGISLATIVE LEADERSHIP

Another important source of support for service integration is drawn from the legislature. Almost every initiative studied is accompanied by a piece of legislation, either justifying a fiscal allocation or specifying certain aspects of its implementation. Legislative leadership, therefore, was essential to the passage of these new programs and policies. In many initiatives, individual legislators were credited with shepherding legislative proposals toward law. For example, in Oregon, the recommendations of a bipartisan Children's Care Team established by a senior legislator contributed to the creation of the Oregon Commission on Children and Families. In Colorado, bipartisan respect for the bill's sponsors was essential to the character and eventual passage of H.B. 93-1317, the State Restructuring Bill. And in Florida, the Commissioner of Education pushed the implementation of Full Service Schools, based on legislation she, herself, had helped pass during her tenure as a state senator the previous term.

Focused attention to service integration at the state level has emerged from legislative concern with the effectiveness of state human service bureaucracy, decreases in state revenues, and rising numbers of economically disadvantaged youth. Under mandate to reduce state expenditures, Colorado and Oregon view service integration in part as a strategy to institute greater service and program effectiveness. As a result of this broader context, service integration strategies have become a vehicle for restructuring human service bureaucracy, with the hope of increasing efficiency and reducing expenditures, as well as providing a means for enhancing entitled families' access to publicly subsidized programs and services. Images of balanced budgets and enhanced accessibility, however, only partially overlap with the vision of those advocating service integration as a means of improving the lives of children and families. Thus, in some cases, legislative leadership and budgetary constraints redirect and overshadow service integration's focus on programs and services that are comprehensive, coordinated, and family-centered.

THE LEADERSHIP ROLE OF SENIOR LEVEL MANAGERS

For the purposes of this study, senior level managers are defined as state agency representatives who are responsible for an array of programs, services, and budgets, but who do not hold cabinet level positions. In the four states studied, examples of senior level management titles include: Director, Office of Interagency Affairs; Early Childhood Coordinator for the Department of Education; and Director, Office of Child Care Services. These individuals are often described as "in the middle," between state agency heads and lower-level bureaucrats. The impact of "management from the middle" (Kantor, 1983; Wheatley, 1992) reveals the important leadership that can be exerted by senior level managers.

In all four states, the sustained commitment and focused leadership exercised by senior level managers has been critical to bringing segmented, departmental functions together to serve children and families in less fragmented ways. As indicated above, in many instances, senior level managers had long-standing commitments to integrating services for children and families that were able to be expressed in a state climate favorable to a children's agenda.

In all four states, the sustained commitment and focused leadership exercised by senior level managers has been critical to bringing segmented, departmental functions together to serve children and families in less fragmented ways.

Potential explanations for the unique leadership capacities of senior level managers are tentative, but seem to focus on four main factors. First, since the careers of these senior level managers transcend the changes caused by election turnover, they remain in their jobs longer and can sustain commitment to issues and projects. Second, senior level managers have developed a deep understanding of the bureaucracies in which they work and are often able to navigate the necessary channels to implement their projects. Third, many of the senior level managers we interviewed have worked in more than one agency, giving them diverse perspectives on the field and knowledge of many early childhood programs. Fourth, and perhaps most important, senior level managers tend to develop long-term relationships with each other; in fact, two senior level managers in Colorado were described as "joined at the hip."

As noted by Kantor (1983) in her investigation of successful innovations, relationships with people of diverse interests, capacities, and positions are essential to the success of innovators. In the case of senior level managers, the depth of their relationships, the shared meaning that they hold for the concept of service integration, and their level of trust in each other's work, enable them to respond to new opportunities. Significantly, the strength and endurance of their relationship helps to institutionalize connections among many of the state's discrete departments and programs.

ORGANIZATIONAL LEADERSHIP

While leadership is most frequently attributed to individuals, it is important to note that critical leadership is also exerted through organizations leading the charge for change. For example, in Colorado, Florida, and Oregon, Early Childhood Divisions with the Departments of Education have been crucial to the success of early childhood service integration efforts, linking their prekindergarten programs with other early childhood programs serving young children, including Head Start, for-profit, and nonprofit programs. In some cases, Department of Education involvement can bring new stature and credibility to early childhood programs by breaking their association with "welfare" services and agencies.

On the other hand, the Department of Education's potential to exert organizational leadership may be lessened by the fact that, in each of the four states, Commissioners of Education are elected, rather than appointed, officials. In the states observed, this fact affected the dynamics of consensus-building at the cabinet level (Colorado), delayed cross-departmental activity while interim appointees awaited elections (Florida), and influenced the selection site for the Governor's service integration initiative when the Commissioner represented a political party different from that of the Governor (Indiana).

In some cases, organizational leadership can be arranged on a rotational basis, so that responsibility for the administration of an initiative is shared across traditional departmental boundaries. Florida's State Coordinating Council is an independent body, but its administrative leadership shifts from the Department of Education to the Department of Health and Rehabilitative Services every other year. With each move, it is staffed temporarily by senior level managers in the respective departments. At the Council's inception, the two departments were required to craft a memorandum of agreement on matters including staffing, staff roles, conflict resolution, and interdepartmental relations.

Finally, organizational leadership can be exerted via the councils and task forces created to foster service integration. These councils may coalesce the energies of state advocates for children and families, creating a united front behind strategies for integrating services. However, in some cases, the leadership provided by councils and task forces may prove to be heavily influenced by situational factors. For example, due to membership term limits, many members of Florida's State Coordinating Council — individuals with strong vision, personal connections, and important links to key department heads and legislators — will have to step down from the Council. Coinciding with shifting support from the Governor, the emergence of competing issues, such as violence and budgetary concerns, and the presence of new service integration vehicles, the Council now faces the need to reassess its role.

Functions of Leadership

CREATING SHARED VISION

Conventional views of leadership have emphasized the savior-like qualities of leaders (Senge, 1990). This image reinforces a focus on short-term events and charismatic leadership, rather than on systemic forces and collective learning. More recent interpretations of leadership emphasize the need for leaders to revitalize shared values and beliefs in order to accomplish effective group action. They must rebuild community (Gardner, 1990), and incorporate the shift from a Newtonian understanding of the world toward an understanding informed by insights derived from quantum physics, systems thinking, and chaos theory (Senge, 1990; Wheatley, 1992) — what Wheatley calls the new science.

More recent interpretations of leadership emphasize the need for leaders to revitalize shared values and beliefs in order to accomplish effective group action.

Within this frame of reference, leaders' roles in creating shared vision and designing structures that generate relationships capable of advancing organizations toward their visions have become central principles (Block, 1993; Gardner, 1990; Senge, 1990; Wheatley, 1992). Leaders are characterized less as charismatic actors and more as designers, stewards, and teachers (De Pree, 1992; Senge, 1990; Wheatley, 1992). As expressed by Greenleaf (1970), leaders are servants — servants to a larger mission and vision. Despite their diverse points of origin, these recent views on leadership are unified by their call for a less individualistic and centralized interpretation of leadership and focus on the importance of purpose and the leader's role in empowering others to achieve a shared vision.

Shared vision, according to Senge (1990), is essential to effecting significant change because it provides the focus and energy for learning, which, in turn, is synonymous with the process of creating. When a vision is shared by many people, there is commitment, rather than compliance to accomplishing a shared undertaking. Under these circumstances, according to Senge (1990), activity becomes generative rather than reactive.

The impact of shared vision on comprehensive, integrated, family-centered services is clearly visible in each of the four states studied, though it is apparent in different places and at different levels in each. Shared vision has clearly energized members of Florida's State Coordinating Council and its state department staff and has also provided the motivating force for Colorado's senior level managers concerned with early care and education. In Colorado, creation of a shared vision has enabled members of the Early Childhood Management Team to transcend their categorical program responsibilities and focus on the whole child. The lay and professional leadership in each of these instances have devoted considerable time to creating shared understanding and purpose.

In Oregon, the lay leadership of the Progress Board has provided focus to the state's community-based Commissions on Children and Families so dramatic that some call it a "cultural shift." And the leadership of Step Ahead has forged commitment to a new approach to service delivery in Indiana.

The impact of shared vision is also observable at the community level. In Oregon, for example, Benton County is working to create "Yes for Kids" — a vision statement that focuses on shared community responsibility for child wellness. In Colorado, the Movement for Children is using its vision for children to mobilize grassroots advocacy, and in Florida, the vision of coordinated and integrated services has sustained collaborative activity for more than 20 years in Pinellas County.

A distinguishing characteristic among the leaders we observed is the extent to which they have grasped new opportunities in ways that have advanced their states and communities toward a vision of coordinated, comprehensive, family-centered programs and services. The existence of a shared vision has helped to ensure that opportunistic behaviors advance, rather than splinter, service integration efforts; it has also promoted long-range thinking.

In each of the four states, shared vision has achieved its power by providing direction without dictating specific behaviors. The vision of service integration has been internalized as a concept rich in complexity rather than as a linear destination. Hence, local communities are free to generate their solutions to fragmented services that maximize community resources, and new "networks of responsibility" (Gardner, 1990) (e.g., local commissions and coordinating councils) are being created to appraise and resolve problems.

The energy and commitment devoted to creating a different kind of future in these states is tangible. Individuals at the state and local level believe in their ability to make a difference on behalf of children and their families. Their ongoing challenge resides in continuously enlarging the circle of those who share in the vision and in supporting the capacity to bring about their vision. This issue is most commonly expressed as concern regarding the lack of sufficient numbers of appropriately skilled service providers and knowledgeable community leaders. As noted by Kagan (1993), "because of the increasing complexity and bureaucratization of the issues addressed via service integration efforts, the engagement of families and community members unfamiliar with the terms, processes, and stipulations is a challenge" (p. 183).

GENERATING NEW STRUCTURES

Systems thinking emphasizes the importance of structural explanations for events because such explanations address "the underlying causes of behavior at a level that patterns of behavior can be changed. Structure produces behavior, and changing underlying structures can produce different patterns of behavior" (Senge, 1990, p. 53). Leaders in the four states have intuitively recognized the importance of this strategy as a vehicle for effecting service integration. They have conceptualized new structures which, by design, have promoted the possibility of more cooperative and coordinated relationships between providers in the for-profit and nonprofit sectors, between providers and parents, and between programs and community members. These new structures are generating new linkages and new patterns of relationships.

At the local level, Family Centers are common structures being implemented to link programs and services and make them more available and accessible to families. Step Ahead Councils in Indiana and Commissions on Children and Families in Oregon have been established to promote broad-based community planning and develop collaborative strategies for creating more coordinated services. The state Coordinating Council in Florida and the Early Childhood Management Team in Colorado have forged new relationships and fostered more systemic responses to meeting the needs of young children. In addition, Florida's Blueprint 2000 promises to align parents, schools, and other community agencies and institutions in a new partnership structured to assure that young children arrive at school ready to learn.

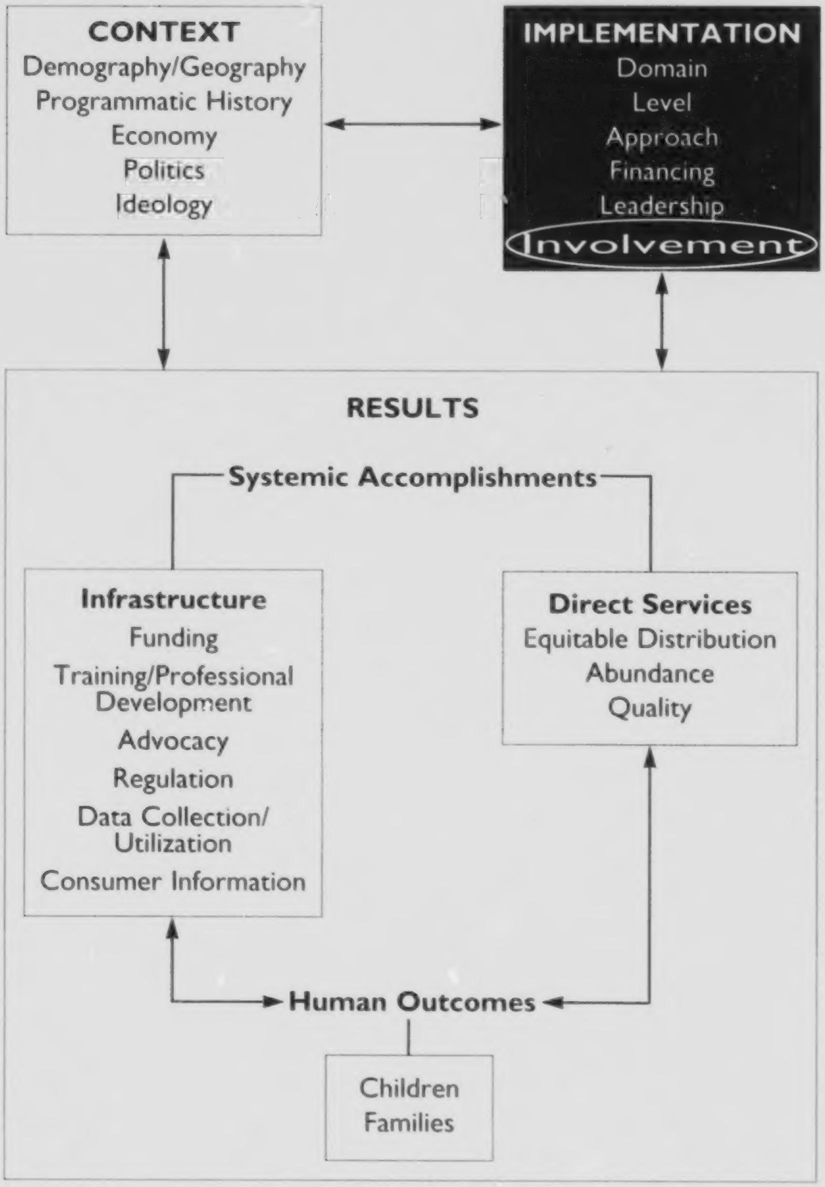
Summary

New views on leadership emphasize the creation of relationships, rather than products, as the central task of leaders. In fact, Gardner (1990) contends that managing interconnectedness is the key skill needed to deal with our fragmented world. Service integration, by definition, seeks to create new relationships among programs and services and between families and service providers.

Leaders in the states of Colorado, Florida, Indiana, and Oregon have effected change through the skillful manner in which they maneuver political realities, link with the leadership of others, and enable new leadership to surface. The leadership of these individuals has advanced the philosophy and practice of service integration by fostering shared missions and visions and by creating new structures to generate nontraditional relationships between programs and services and those who provide them. This leadership focus has potentially provided a means by which service integration initiatives can be sustained and can thereby transcend the leadership of specific individuals.

SOLICITING NON-GOVERNMENTAL INVOLVEMENT

CHAPTER 10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Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- Service integration is largely a government enterprise; all of the units of analysis for this study were initiated in state government, established mostly through state legislation, and remain dominated by government sector membership and structure.
- In spite of significant efforts to engage consumers (synonymous with parents in this study) in service integration efforts, it is rare for consumers to be meaningfully involved.
- Soliciting consumer membership on councils and commissions may not be the most effective consumer engagement strategy for service integration.
- Private sector involvement seems important to the effective development and the expansion of governmental service integration initiatives, though such involvement may not be critical in creating a shift in how services are experienced by young children and families.

Integral to the concept of service integration is the belief that all children and families need access to services from a broad range of domains including early care and education, health, welfare, elementary and secondary education, employment, and justice. Governmental leaders (see Chapter Nine) and government agencies and departments such as Education, Health and Human Services, Child Protective Services, Child Care Divisions, and Criminal Justice provide a number of essential services to children and families and can be key players in integrative initiatives. Indeed, as illustrated earlier, all of the major service integration efforts observed were initiated in state government, established mostly through state legislation, and remain dominated by government sector membership and structure. In spite of this trend, however, important non-governmental supports also exist and need to be harnessed for the advancement of service integration.

Perhaps the most involved non-governmental providers are families themselves, who work to supply food, housing, and emotional support to their children, and who navigate multiple service systems for essential outside assistance such as health care, immunizations, special education, child care, AFDC, and counseling.

Alongside families, the private sector provides significant support to children and their parents, with nonprofit social welfare services rivaling the public welfare portion of the government system in amount and size (Salamon, 1992). Indeed, government in the United States often turns to private nonprofit (and to a lesser extent, for-profit) providers to deliver publicly funded services in the health and social service fields (Salamon, 1992).

Given this trend, this chapter seeks to explore the nature of non-governmental engagement in service integration efforts in the four states, focusing mainly on consumer, private sector, and media involvement. For each of these areas of non-governmental support, the following topics are discussed: a rationale for involvement; the nature of such involvement in the specific service integration efforts observed in this study; and key issues that emerge for service integration. The chapter concludes by proposing a potential approach to optimizing non-governmental involvement in service integration, suggesting that key players be engaged at different times for different purposes.

Consumer Involvement

RATIONALE

Consumer involvement, and — more broadly — community engagement, are widely advocated as key ingredients of child and family service initiatives (Cortes, 1994; Kagan & the Essential Functions and Change Strategies Task Force, 1993; Sugarman, 1991). Rationales that have been proffered for such involvement are particularly important to service integration efforts. To begin, consumer engagement draws on the expertise of parents and other consumers who are experienced in and/or have the responsibility for navigating child and family service systems. As a result, consumers are intimately aware of service gaps, systemic barriers, and the true nature of children's and families' needs. Consumers not only help to tailor new efforts and initiatives to local need, but can often recommend the strategies and programmatic reforms necessary to do so. In addition to providing these critical perspectives, consumer involvement can marshall a ground swell of localized support important in launching and sustaining any initiative. In spite of these compelling rationales, however, meaningful consumer engagement is difficult to achieve, as the examples below will demonstrate.

THE NATURE OF CONSUMER INVOLVEMENT

In each of the states studied, significant efforts have been made to engage consumers of human services in service integration initiatives. It should be noted that the "consumers" discussed in this section are considered synonymous to parents, since the young children under consideration in this study are not of an age to function as active participants in shaping the services they receive.

Membership on Commissions and Councils

The main strategy used for consumer involvement in service integration has been to mandate or encourage consumer participation on integrative planning councils and advisory bodies. There are mandates for consumer representation on Colorado's Family Centers, Florida's Prekindergarten District Interagency Coordinating Councils, and at the state level, Florida's Blueprint 2000 Commission on Education Reform and Accountability. Additionally, Florida's State Coordinating Council requires the participation of five parents, three of whose children are enrolled in some form of early care and education program, plus an additional two parents of disabled or high-risk preschool children.

In other cases, consumer involvement on integrative councils is encouraged rather than mandated. This is the case for local Step Ahead Councils in Indiana, and Blueprint 2000's local School Advisory Councils in Florida. In Oregon, the majority of members on local Commissions on Children and Families must be drawn from the lay community, defined as individuals not currently delivering human services. Given this requirement, consumer participation on the local Commissions is certainly possible, though not explicitly required or even suggested.

While commissions and councils with membership mandates appear to have slightly more success than councils guided merely by membership recommendations, both types of groups have had difficulty in involving consumers. While there are certainly exceptions — such as the Indiana parent responsible for writing her Step Ahead Council's bylaws, or the Florida parent involved in implementing a Full Service School — meaningful consumer involvement is rare. More often, when it does occur, consumer involvement in service integration efforts seems to come in the form of parents who may

Findings (cont.)

- Media involvement in service integration initiatives is relatively weak; deliberate, well-defined strategies seem most appropriate for soliciting media coverage.
- Service integration initiatives may not require that "all the players be at the table" at the same time in the same capacity; rather, service integrators might benefit from acknowledging the uniqueness of each type of contributor and determining ways of optimizing diverse forms of support.

use a broad range of services but who are simultaneously employed in a state agency or department and thus are on the "inside" of the system. Other consumers who become involved tend to be parents of children with disabilities who are already empowered and part of an advocacy community. Disenfranchised consumers with fewer opportunities to voice their concerns are clearly missing from many service integration efforts.

Consumer Information

Difficulties with consumer involvement have prompted certain service integration initiatives to address the problem more directly. For example, the Marion County Step Ahead Council in Indiana has established a consumer involvement committee. In other cases, states and initiatives have launched efforts to provide parent and consumer information, in the hopes that increased awareness will lead to increased consumer engagement. Discussed later in this report (see Chapter Twelve), consumer information efforts include: plans for the provision of child care and social service information at statewide touch-screen kiosks set up by Colorado's Department of Social Services, and the traveling family resource bus developed by a Florida Full Service School.

Issues for Service Integration

The challenges service integration initiatives have faced in involving consumers raise a number of issues for consideration. Given that the inclusion of consumers on formally established councils and commissions represents the primary strategy to foster consumer involvement in service integration, it is important to examine the viability of this structure. While mandated consumer membership on councils seems to be somewhat successful in drawing individuals who can fill "consumer" categories, the very idea of mandate undermines true and natural consumer input. However, a more open approach to consumer engagement — one that encourages participation rather than mandating it — seems to be equally unsuccessful. Often, consumers' names appear on council membership lists, but they rarely attend meetings or participate in decision-making.

Overall, the use of councils and commissions as forums for on-going consumer involvement appears generally ineffective at this point. The development of consumer information efforts to facilitate consumer involvement, while currently not displaying concrete results in service integration initiatives, may represent an area for further exploration.

Private Sector Involvement

As used in this chapter, the term "private sector involvement" indicates support provided through a number of different entities including businesses, private for-profit programs and services, private nonprofit organizations and foundations, and independent bodies that receive mixed corporate, nonprofit, and limited government support. Although these entities have separate goals, functions, and responsibilities, we discuss them together, since our findings suggest that the strategies employed to engage diverse private sector players in service integration initiatives are similar.

RATIONALE

Given the resources and the extent of services available through the private sector, its involvement is critical to achieving full service integration. From businesses, service integration efforts can garner essential financial support in addition to technical assistance in the areas of management, partnership, and service efficiency. As previously discussed, the private sector, in general, provides a number of key services for young children and their families, including for-profit and nonprofit child care, hospital care, and a variety of social services. These services need to be incorporated into service integration efforts in order to link existing resources and avoid reinventing the wheel. Finally, some contend that private sector involvement in child and family service initiatives is important from an economic development perspective — multiple sectors need to join together with government to support children and families in their roles as productive citizens (Committee for Economic Development, 1993).

THE NATURE OF PRIVATE SECTOR INVOLVEMENT

Financial Support

One of the most common forms of private sector involvement in service integration initiatives is financial support. It should be noted, however, that while service integration efforts are beginning to receive more private sector funds, most integrative initiatives are still primarily financed through government. Private sector funds are mainly supplemental, meaning that private sector support of service integration results in public-private partnership rather than pure private sponsorship.

Examples of private sector financial contributions to service integration efforts are becoming increasingly prevalent in Indiana. In one instance, a local Step Ahead Council is supplementing government funding of its housing development project with grants from local banks. In addition, both the Follinger and Lily Foundations provide grants to local Step Ahead Councils for the implementation of specific projects in the Councils' plans of action. Private sector financial support of integrative efforts is also notable in Oregon, where for-profit and nonprofit organizations — foundations and corporations — put money behind the Oregon Benchmarks in developing or funding initiatives that set specific Benchmarks as goals.

Colorado has succeeded in garnering private sector funds for integrative efforts through the creation of an independent foundation that receives both government and private sector contributions. The Colorado Foundation for Families and Children is a public-private partnership with the mission of "promoting and sustaining the health, education, and well-being of children and families across communities, systems, and public and private sectors." The Foundation's board consists of a majority of private sector representatives; they are joined by representatives from the Departments of Education, Health, Institutions, and Social Services, and by local level public officials. The Foundation uses combined state, federal, corporate, and foundation funds to fill in service gaps when government funding is not available.

Oregon has also developed an independent fund that works to support service integration through private dollars — The Oregon Child Development Fund (OCDF). OCDF is a private sector funding apparatus that facilitates service integration by attaching collaborative stipulations to many of its grants. Additionally, it co-sponsors key integrative efforts in the state such as the planning summits around CCDBG and the development of Oregon's Comprehensive Career Development System. Partners in OCDF include representatives from the Ford Foundation, the Oregon Community Foundation, American Express, US Bancorp, and Portland General Electric, among others.

Membership on Councils and Commissions

As with consumers, a strategy frequently used to involve private sector representatives in service integration efforts is to solicit their membership on councils and commissions. In Indiana, local Step Ahead Councils are required to include representatives from Private Industry Councils and are encouraged to engage Chambers of Commerce, foundations, businesses, and nonprofit and for-profit child care. Colorado's Family Centers are required to have business representatives on their planning committees. In Oregon, the state level Progress Board, the Commission for Child Care, and the state level Commission on Children and Families must have business representatives among their appointees. Additionally, Florida's State Coordinating Council is mandated to include at least one business representative and an individual involved in a business-education (or business-child care) partnership. The state level Blueprint 2000 Commission on Educational Reform and Accountability has a similar membership requirement.

The states appear to be relatively successful in drawing such private sector membership in service integration efforts; in many cases, business representatives have been placed in key positions to provide advice and management expertise and also to learn more about service integration. For example, Florida's local Success-By-Six initiative in Pinellas County — a public-private partnership between representatives of business, community, education, and social services — is attempting to coordinate multiple local councils by acting as an umbrella organization. Throughout this complex integrative effort, diverse partners in Success-By-Six have benefited from Total Quality Management Training provided by participating business representatives. The business representatives, in turn, have gained further knowledge of the process and effects of service integration.

Advocacy

The private sector has also become involved in vocalizing support of various early childhood and service integration efforts. In Florida, the Chamber of Commerce has released a position paper on business involvement in child and family services and is supportive of prevention-oriented initiatives such as the Prekindergarten Program. In Colorado, business advocacy was instrumental in launching one of the state's key early childhood efforts — the Colorado Preschool Program. The program was born out of the public awareness efforts of First Impressions, which included the strategic decision to bring the CEO of Proctor and Gamble to Colorado to underscore the cost effectiveness of quality early care and education.

While business/private sector advocacy can prove important, it has tended to focus mainly on programmatic early childhood initiatives that emphasize prevention and can be used in arguments for enhanced economic development. Private sector advocacy for systemic issues and explicitly integrative initiatives is less common.

Contracting with Private Providers

Finally, contracting with private sector providers for the provision of primarily government-sponsored human services has the potential to involve the private sector in service integration initiatives and to break down certain systemic barriers between the sectors. For example, Florida's Prekindergarten Program allows local planning councils to engage private for-profit and private nonprofit child care centers in the provision of child care services to all eligible children in their districts. At present, 208 Pre-K Programs are contracted out to non-school providers, with many of these being private providers; this contracting is seen as a means of encouraging linkages within the early care and education field.

ISSUES FOR SERVICE INTEGRATION

As previously shown, the private sector can be involved in service integration initiatives in a number of ways, with each strategy raising different issues for consideration. To begin, private sector financial support seems to be beneficial to most human service initiatives and is particularly useful in times of tight government budgets. To foster service integration, private sector grantors can directly encourage integrative activities through stipulations that make collaboration a prerequisite for the receipt of funding. In this way, financial contributions can work as direct facilitators of service integration, rather than as general programmatic supports.

Private sector membership on councils and commissions seems equally important to service integration. However, sustaining the involvement and preventing turnover — especially when private sector representatives are top level executives with uncompromising schedules — has been an issue in some cases.

To foster service integration, private sector grantors can directly encourage integrative activities through stipulations that make collaboration a prerequisite for the receipt of funding. In this way, financial contributions can work as direct facilitators of service integration, rather than as general programmatic supports.

Other issues come into play in private sector advocacy. Vocal support from private sector representatives has proven an important catalyst in getting integrative early childhood initiatives off the ground. What seems to be missing, however, is sustained private sector advocacy supporting service integration as a strategy for systemic reform. Given the important status of the private sector in this country, such advocacy could serve to legitimize service integration efforts in the minds of a broad range of American citizens.

In contracting out to private providers, government must link with an outside system, addressing systemic barriers in order to facilitate a smooth contracting process.

Finally, contracting also has important implications for service integration. In contracting out to private providers, government must link with an outside system, addressing systemic barriers in order to facilitate a smooth contracting process. Contracting efforts observed in this study, however, seem to fall short of this potential. In the case of the Florida Prekindergarten Program, for example, contracting out to private providers has only been partially achieved in the absence of legislative mandate. Tension between the government and private sectors — especially in the field of early care and education — may work against contracting to private providers unless the strategy is required through legislation.

In spite of these challenges, private sector involvement seems an important contribution to the effective development and expansion of service integration initiatives. As hypothesized at the outset of this study, such engagement may not, however, be critical in creating a shift in how services are experienced by young children and families. Systemic changes responsible for such a shift seem to be occurring mostly within government.

Media Involvement

RATIONALE

The main rationale for media involvement in service integration initiatives is to promote awareness of the issues faced by children and families and of the potential solutions service integration can offer. Such awareness can mobilize communities, consumers, business, and the private sector to advocate for service integration at a variety of levels, thus helping to propel systemic change. As such, media involvement acts as a facilitative strategy that marshals other key supports.

THE NATURE OF MEDIA INVOLVEMENT

Of all the non-governmental supports discussed in this chapter, media involvement in service integration initiatives is perhaps the weakest. In each of the states observed, the media devote little attention to children and families — besides crisis stories — and even less to service integration efforts. In spite of this climate, however, several service integration efforts have made promising steps toward effective media involvement.

The Oregon Commission on Children and Families seems to have captured the interest of at least one newspaper columnist, who wrote an editorial on House Bill 2004 during its inception and plans to follow up with another reflective piece on the bill. The state Commission on Children and Families also plans to involve the media at the local level, where media/communications plans are being developed to augment linkages between local Commissions.

In Indiana, Step Ahead has taken a significant leap forward in terms of media involvement via its production of a video training package for family child care providers that is aired on public television throughout the state during "nap time." Beyond the videos, however, Step Ahead has generally held back from media involvement in an attempt to avoid inaccurate coverage and potential opposition. This tendency was especially strong in Step Ahead's early phases, when its leaders felt that the goals of the initiative were not sufficiently defined to be taken to press. Overall, as mentioned in Chapter Four, Step Ahead has been very deliberate in crafting its public image, having recently hired a public relations firm to develop publicity materials.

ISSUES FOR SERVICE INTEGRATION

Given limited media attention to children, families, and service integration in the states visited, integrative efforts need to develop innovative strategies for media involvement. Service integration is a complex concept susceptible to media distortion. For that reason, deliberate and well planned media engagement — as exemplified in Step Ahead — is important.

Summary

While the integrative efforts observed in this study are lodged primarily within government, the rhetoric surrounding service integration emphasizes the importance of "having all the players at the table." Indeed, as discussed in this chapter, service integration efforts in each of the states are trying to fill their tables, engaging a number of non-governmental players including consumers, the private sector, and the media.

There seems to be consensus that service integration is propelled by the full and frequent collaboration of diverse constituents. While this assumption may be true, complete engagement of all key players has not occurred in the initiatives studied. This may be in part because efforts to solicit full involvement from so many players can result in cumbersome structures and frustrating experiences that work to limit commitment. Or, limited involvement may be due to the extensive work necessary to engage and sustain the participation of previously uninvolved constituents. Whatever the reason, our findings from this study suggest that engaging the full range of participants in every aspect of a service integration initiative may not be the most effective strategy for soliciting non-governmental support. Rather, service integration initiatives may benefit from acknowledging the uniqueness of each type of contributor and determining ways of optimizing diverse forms of support through the multiple approaches outlined in this chapter.

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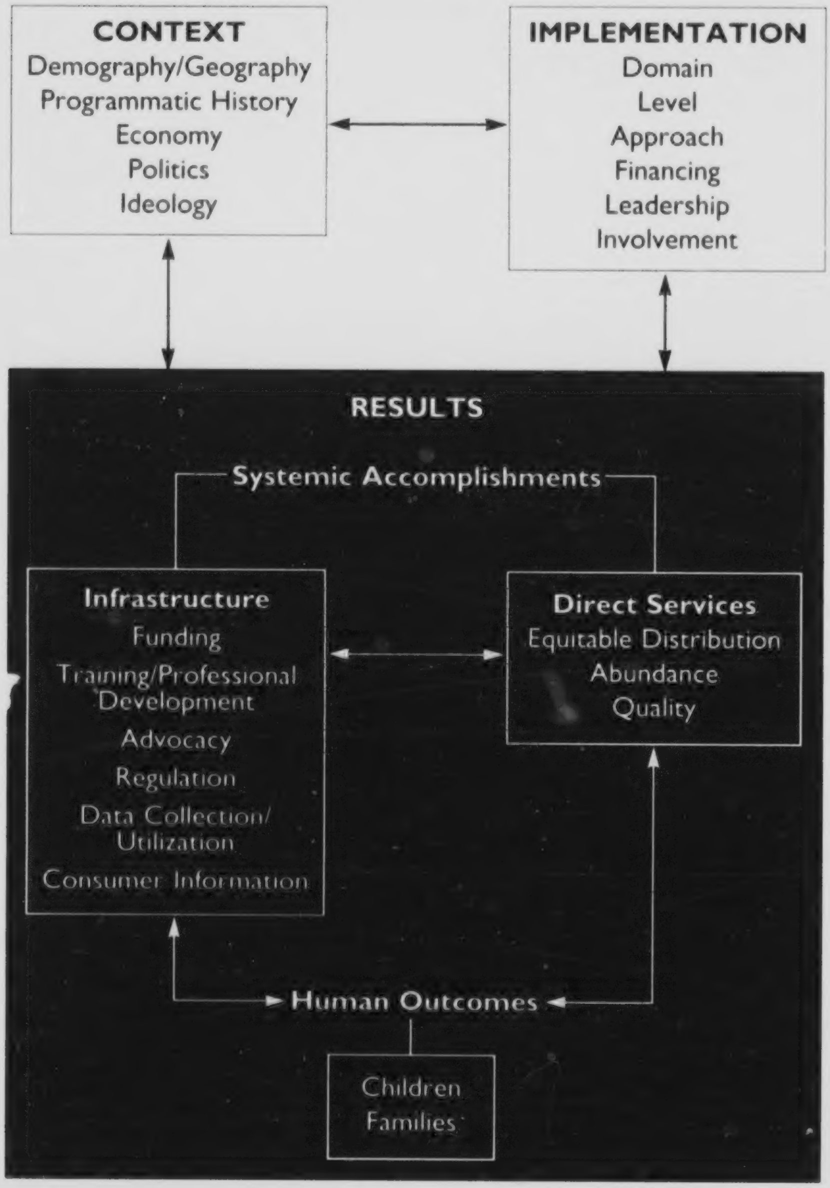
PART IV
RESULTS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Data Collection/Utilization
Consumer Information
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Human Outcomes
Children
Families

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Findings

- Evaluating the results of service integration is a complex undertaking that has historically met with limited success, due in part to the difficulties of applying scientific controls to integrative efforts and to controversy over the goals of service integration.
- Service integration results consist of systemic accomplishments — involving infrastructure and direct service changes — and human outcomes — improvements for children and families.
- The relationship between systemic accomplishments and human outcomes is interactive and bi-directional, with each category of results affecting the other.
- The results of service integration are also mediated by contextual variables, the implementation of service integration initiatives, and a number of other factors — people, neighborhoods, programs, various early childhood efforts — beyond service integration initiatives themselves.

In the routine course of any business day, it is not unusual for educators and human service professionals to use the words "results," "accomplishments," and "outcomes." Not only are these terms used with increasing frequency, but with a facility that belies their complexity. The purpose of this chapter is to define these terms, as they apply to service integration, and to provide a framework for subsequent discussion of the service integration results observed in this study. Specifically, the chapter begins with an overview of the challenges that a "results orientation" has posed to service integration, and then offers the definition of service integration results that is used in this study.

Service Integration: Challenges Posed by a "Results Orientation"

Despite numerous attempts to evaluate service integration projects over a 30-year period, the results of service integration efforts have remained illusive. Attempts to examine such results have included: Service Integration Targets of Opportunity Projects; the Partnership Grants Program; Comprehensive Human Services Planning and Delivery System Projects; and the Service Integration Pilot Projects. While many of these evaluations were developed precisely to monitor the accomplishments of a specific service integration effort, or to examine discrete child and family outcomes emanating from such an effort, the majority of the evaluation efforts yielded less information on results than on the strategies and barriers associated with their implementation (Kagan, 1993).

In part, this should not surprise us. Service integration efforts are extremely complicated, often launched in the absence of clearly defined goals, and often having their goals realigned midstream. Moreover, conventions of science, including random assignment, clear and uncontaminated controls, and sufficient sample sizes are difficult to obtain in service integration efforts targeted at children and families. Understandably, measures to assess service integration results are still embryonic.

Another factor affecting the lack of definitive service integration results has been a controversy over the ultimate goal of service integration — improved functioning of the human service system versus improved outcomes for children and families. As discussed in Chapter Two, many advocates of service integration focus on its capacity to render a more efficient, economical, and effective service system (Gans & Horton, 1975). An evaluation of service integration results, given this model, would examine systemic accomplishments, both in terms of infrastructure — funding, professional development, advocacy, etc. — and direct services — equitable distribution, abundance, and quality. On the other hand, many argue that service integration must directly affect children and families. According to this outlook, an evaluation of service integration would look quite different from the first possibility, examining an initiative's ability to effect positive child and family outcomes.

The challenges associated with determining the results of service integration efforts are abundant. With service integration evaluations historically failing to identify more than implementation barriers and problems, and with practitioners and theorists often disagreeing on the goals of service integration, the assessment of service integration results is in need of significant attention.

Defining Service Integration Results for this Study

As architects of this study, and like our predecessors who have examined service integration efforts previously, we grappled with the issues presented above. Because the issues are so complex, our responses are commensurately tentative and idiosyncratic to this study.

We suggest that the goals of service integration are to improve both the functioning of the service system and outcomes for children and families. We recognize that child and family outcomes are often indirectly achieved, facilitated in part by positive systemic changes that can operate as an intermediate step. These more tangible systemic accomplishments — or interim outcomes (Schorr, 1994) — are important in their own right; accomplishments such as increased funding, improved professional development, or enhanced service quality, for example, render the service infrastructure more durable and sustained over time.

In short, we suggest that the results of service integration efforts can be understood on two equally important dimensions. The first consists of *systemic accomplishments* of the effort — meaning accomplishments in the areas of infrastructure and direct services. In describing these two categories within systemic accomplishments, we assume an interactive relationship, with improvements in infrastructure often working to effect direct service accomplishments and vice versa. The second category of results consists of *human outcomes* — the tangible, positive changes that exist for children and families (collectively and individually). As portrayed in the conceptual model (see Figure 1, page 16), we assume an interactive, bi-directional relationship between systemic accomplishments and human outcomes. While the infrastructure or direct service improvements that comprise systemic accomplishments certainly help to facilitate changes in the lives of children and families, human outcomes and efforts to measure them can in turn fuel systemic accomplishments in the areas of data collection, advocacy, or program abundance, for example. Thus, meditated by complex inter-relations, accomplishments and outcomes comprise the results of service integration efforts.

With service integration evaluations historically failing to identify more than implementation barriers and problems, and with practitioners and theorists often disagreeing on the goals of service integration, the assessment of service integration results is in need of significant attention.

Our conceptual model also indicates that the results of service integration are mediated by connections to contextual variables — demography/geography, programmatic history, economy, politics, ideology — and by the implementation of service integration initiatives. One finding from this study, however, is that given the relative youth of current service integration efforts and minimal efforts at evaluation within the initiatives, the nature of connections between context, implementation, and results is difficult to determine.

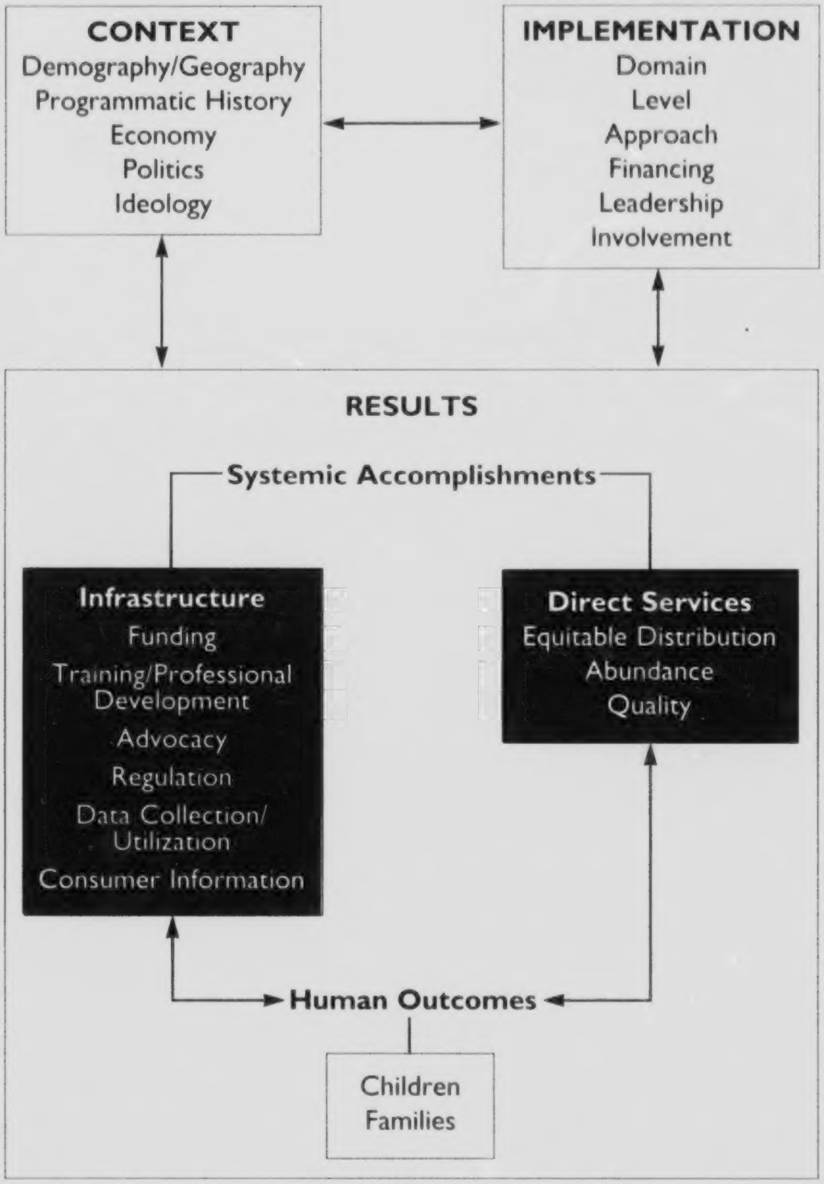
While an attempt is made in Chapter Twelve to explore the relationship between the accomplishments of certain service integration initiatives and various aspects of their implementation, the discussion remains speculative.

Finally, it is important to note that many other factors outside our model affect the results of service integration. The systemic accomplishments that we have assumed to be one dimension of these results can be affected by individual programs or providers, or by promising early childhood initiatives that may not have an integrative focus. Similarly, human outcomes can be influenced by familial situations, provider/child relationships, and neighborhood contexts that may not be directly linked to or addressed by service integration initiatives.

Service integration is not the only factor affecting the systemic accomplishments and human outcomes discussed in this study. Service integration is only one strategy for reform, which works in concert with other initiatives, efforts, and contextual factors to shape results for the early care and education service system, for children, and for families.

In short, service integration is not the only factor affecting the systemic accomplishments and human outcomes discussed in this study. Service integration is only one strategy for reform, which works in concert with other initiatives, efforts, and contextual factors to shape results for the early care and education service system, for children, and for families.

In light of this framework for considering service integration results, both the accomplishments related to the service integration initiatives observed in this study and the preliminary efforts of these initiatives to measure human outcomes are discussed in Chapters Twelve and Thirteen respectively.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Children
Families

Findings

- Accomplishments of the service integration efforts observed in this study appear strongest in the areas of funding, training/professional development, data collection/utilization, equitable service distribution, and service abundance.
- Accomplishments in advocacy, regulation, and consumer information seem less strong, and accomplishments in quality less direct.
- Infrastructural accomplishments — professional development, data collection/utilization, etc. — tend to be linked to service integration efforts focusing within the domain of early care and education.
- Direct service accomplishments in equitable distribution and abundance seem to emanate more often from efforts to integrate services across early care and education and other domains.
- Potential accomplishments in the area of quality — for the most part facilitated indirectly through attention to infrastructure — may be linked more often to within-domain efforts that display infrastructural accomplishments.

As discussed in Chapter Eleven, the systemic accomplishments of service integration initiatives comprise an important dimension of service integration results. The service integration efforts observed in this study — many of which are still relatively new — have displayed an impressive amount and range of accomplishments in terms of both infrastructure and direct services. Some of these accomplishments — such as the establishment of pooled funding streams to make categorical funding more accessible — are instances of service integration in and of themselves. Others — such as the creation of video training packages for early childhood providers — are more general accompaniments to integrative efforts; they do not emanate specifically from the process of service integration, but represent advances in service delivery to young children and families. Still other accomplishments are achieved through efforts beyond service integration — such as child advocacy campaigns — that have been fueled by or have worked in concert with service integration initiatives.

Given this range of accomplishments, varying in nature and origin, it is difficult to attribute promising results to specific initiatives, much less to the process of service integration itself. It is important to note, in light of this challenge and in light of the fact that most of our information is drawn from interviews with state respondents, that the accomplishments discussed in this chapter can only be viewed as *related* to service integration, not necessarily *caused* by it. A number of other efforts and contextual factors beyond service integration may come into play in shaping each of the accomplishments outlined in this chapter, and while such factors are not directly addressed, they are acknowledged.

With the aforementioned limitations as background, this chapter presents a variety of accomplishments related to the service integration efforts observed in this study. We will examine each under the following categories: (1) infrastructure, including funding, training/professional development, advocacy, regulation, data collection/utilization, and consumer information; and (2) direct services, including equitable distribution, abundance, and quality. This chapter highlights trends in each of these categories of accomplishments and ends with an exploration of linkages between different accomplishments and key factors in the implementation of service integration initiatives.

Infrastructure

FUNDING

In the service integration initiatives observed in the four states, increased funding — through innovative financing strategies — currently appears to be one of the most common accomplishments. Given the discussion in Chapter Eight, which details the uses of innovative financing mechanisms as a strategy for achieving service integration, the strength of funding accomplishments is not surprising. Indeed, some of the financing strategies used in service integration initiatives appear to be accomplishments in and of themselves, largely due to the lack of precedents for their use. Incentives for integration, pooled funding, and blended funding, for example, can all be noted as significant achievements. Within the service integration initiatives observed, however, they function mainly as strategies — as a means to integrative ends. While these procedural achievements are significant, they are not the subject of this section. In this section, we examine the accomplishments in funding that have been facilitated by some of the promising financing strategies discussed in Chapter Eight. We focus specifically on accomplishments related to the devolution of state funds to local planning bodies, efforts at fund raising, and pooled funding.

In both Indiana and Oregon, the devolution of state funds to local planning bodies has led to more equitable distribution of funds throughout the states. Indiana's Step Ahead and the Oregon Commission on Children and Families are granting state funds and allocative authority to county Councils and Commissions that submit needs assessments and integrative plans of action. As a result, certain counties — especially in remote and rural areas — are receiving more funds for children and families than ever before. A significant accomplishment of Step Ahead and the Oregon Commission on Children and Families, then, has been more funding and increased authority for more counties to integrate services for young children and their families at the local level.

Similarly, efforts at fund raising in conjunction with integrative efforts in Oregon and Florida have resulted in increased funding for services and initiatives focusing on young children and their families. The Oregon Commission for Child Care and Child Care Division (CCC/CCD) have succeeded in securing more public funds for children by directing proceeds from a Community Action Project into child care and thereby accessing an additional $1.5 million. The CCC/CCD has also increased child care funds by advocating for the provision of market rate compensation.

Local initiative has led to increased funding for children and families in Florida, where Children's Services Councils in six counties have established local ordinances to raise tax revenue earmarked for the provision of child and family services. This revenue is sometimes used to enhance the coordination and integration of local services through funding stipulations that require collaborative agreements or collocation, for example. The Children's Services Council in Pinellas County (termed a Juvenile Welfare Board there) has secured enough funds to overcome state budgetary limitations and use its own local tax revenue to draw down federal Title IV-A dollars.

Finally, through pooled funding, service integration efforts in several of the states observed have made categorical funding sources more accessible, and have expanded the pot of funds available for comprehensive child and family initiatives. In addition to the examples provided in Chapter Eight, Step Ahead has expanded funding for school age child care in Indiana

Findings (cont.)

- Accomplishments in training/professional development and regulation are associated with state level service integration initiatives; consumer information accomplishments appear to be linked to local level efforts; and equitable distribution seems to be fostered through initiatives involving concrete state and local linkages.
- Service integration initiatives that adopt approaches focusing mainly on programs and policy — perhaps because they are most prevalent in the four states — appear to yield the most accomplishments overall.

through pooling CCDBG dollars, state funds for drug education and dependent care, and revenue from the state cigarette tax. In Colorado, an effort to facilitate professional development opportunities in the early care and education field — initiated by the State Efforts in Early Childhood Management Team — is being supported financially through pooled dollars emanating from the Colorado Department of Education and the Office of Child Care. Also in Colorado, funding for Family Centers has been secured through pooling funds from the Departments of Education, Health, and Social Services, and the Division of Criminal Justice, Governor's Job Training Office, and Communities for a Drug Free Colorado.

The expansion of financial resources through blended funding has not yet been achieved in any of the twelve main initiatives observed, though the Indiana Collaboration Project emanating from Step Ahead (see Chapter Eight) represents a move toward this accomplishment. Other innovative financing strategies employed by many of the service integration efforts observed in this study, however, have led to important funding accomplishments. Whether these accomplishments have been reached through more equitable distribution of dollars across states, through taxing or fund raising, or through increasing access to service dollars by combining funding streams, the result is that the funding base available for services — often comprehensive, integrated services — targeted at young children and their families has been expanded.

TRAINING/PROFESSIONAL DEVELOPMENT

Training and professional development is also an area of significant accomplishment in the service integration efforts observed. Some initiatives have participated in the creation of plans to improve career development systems for early childhood professionals, or in the crafting of new early childhood teacher certificates. Others have worked to expand CDA training, still others have used technology for outreach and the development of personnel registries. Although some of these accomplishments are not integrative in and of themselves, many are backed by diverse, collaborative planning groups, some of which serve as more permanent advisory bodies that endure beyond the planning process.

In conjunction with major state service integration efforts, Indiana, Oregon, and Colorado are all involved in improving their states' career development systems for early childhood professionals. In Indiana, this effort is being carried out by the Indiana Child Development and Training Committee — a permanent task force created by Step Ahead and composed of representatives from Head Start, family day care, the nonprofit and for-profit sectors, school-age child care, and Title XX. Alongside other projects, this committee is working to create a statewide system of articulation agreements among all the state's institutions providing early care and education training.

Oregon has launched a similar effort to design and implement, over a 10-

year period, a coordinated career development system characterized by multi-tiered education, financial assistance, an information clearinghouse, and the transfer of credit among a broad range of education and professional development programs. The Office of Community College Services has contracted with Chemeketa Community College to organize and lead development of the plan, which was originally proposed by the Training Advisory Committee — a group organized around CCDBG that consists of diverse players involved in a number of the state's service integration initiatives.

Finally, Colorado's Early Childhood Professional Standards Task Force — housed in First Impressions and staffed by gubernatorially-appointed members — is constructing a career development model that seeks to: ensure that professionals working with young children have the same knowledge and competencies regardless of program auspice; create a seamless, articulated process for early care and education programs in diverse institutions and a mechanism which bridges non-credit and credit courses; and establish incentives to improve the salaries, benefits, and professional status of early care and education workers.

In Florida, the creation of specialized early childhood teacher certificates marks another professional development accomplishment linked to service integration. A multi-disciplinary group including representatives of the State Coordinating Council, the Department of Education, the Education Standards Commission, the Department of Health and Rehabilitative Services, and the University of South Florida Institute for At-Risk Infants, Children, Youth and their Families has recently established basic competencies and certificates for Florida teachers serving children from birth to 8 years of age. Two certificates now exist: one with a preschool education specialization (birth to 4 years of age), and another with a pre-k/primary education specialization (3 to 8 years of age). Training for these certificates will be pre-service and will focus, in part, on preparing teachers to work as a team with professionals from other disciplines such as health and social work.

Service integration efforts have clearly contributed to the availability and coordination of professional development for early childhood professionals, in launching technological efforts, supporting the CDA and the development of early childhood teaching certificates, and joining with task forces that aim to establish comprehensive career development systems.

Other service integration initiatives, focusing on issues of concern to the early care and education field, have worked to expand CDA training. In Florida, for example, the State Coordinating Council has responded to recent state CDA requirements by advocating for the provision of training to CDA representatives and for the establishment of multiple CDA-equivalent programs throughout the state. Similarly, Step Ahead in Indiana has solicited funds from multiple sources to subsidize additional CDA training for economically disadvantaged child care providers.

Finally, a number of integrative efforts have increased training accessibility through the use of technology for coordination and/or outreach. Colorado's Early Childhood Professional Standards Task Force is working to create a Training Clearinghouse and Registry to increase awareness of professional development opportunities and courses across institutions. In Indiana, Step Ahead has developed a three-part video training program for family child care providers which it airs during "nap time" on public television.

Service integration efforts have clearly contributed to the availability and coordination of professional development for early childhood professionals, in launching technological efforts, supporting the CDA and the development of early childhood teaching certificates, and joining with task forces that aim to establish comprehensive career development systems.

ADVOCACY

The service integration efforts observed in this study display relatively few accomplishments in the advocacy domain, with advocates in Indiana even contending that the state's major integrative effort — Step Ahead — has limited the momentum of the state's child and family advocacy campaigns. With the exception of Florida's State Coordinating Council for Early Childhood Services — which functions as an important advocacy group focusing on interagency collaboration, local council coordination, structural reorganizations, as well as program quality — most advocacy efforts observed are designed more to create awareness of young children and their needs than to promote service integration. Examples include the Colorado Children's Campaign, the Florida Center for Children and Youth, Children First for Oregon, and, to a certain extent, the advocacy work of Oregon's Commission for Child Care and Child Care Division.

In Colorado, although advocacy is again less focused on service integration than on child and family needs, the Colorado Children's Campaign is a powerful, independent advocacy force that works in conjunction with the state's service integration efforts and with the Governor's early childhood initiative — First Impressions. The Children's Campaign launched a grassroots initiative termed the Movement for Children in March 1993 and has since involved many of the state's major organizations — including the religious community and business sector — in creating a constituency for children to provide momentum for change. Due to pressure from the Movement, the Joint Budget Committee recently reversed a decision to freeze funding for Family Centers and provided financial support for an additional eight centers. In the case of Colorado, therefore, a powerful campaign focusing mainly on a children's agenda served to fuel a service integration effort. This type of linkage between integrative initiatives and children's advocacy might be useful to consider in other states.

REGULATION

Somewhat like advocacy, regulatory reform is not a major area of focus in the service integration efforts we studied. Most regulatory advances in the states visited — such as registration of family child care providers in Oregon — appear to have occurred independent of service integration initiatives and within the field of early care and education rather than across multiple service domains. Limited attention to regulation as a service integration issue has in some instances exacerbated the fragmentation of services, as illustrated in the early care and education field. For example, largely unresolved regulatory issues in Florida have caused tension and fragmentation between state Pre-K Programs and other sectors of child care, since Pre-K Programs fall under the Department of Education and are not subject to the Department of Health and Rehabilitative Services' licensure of child care. As a result, collaboration between Pre-K, subsidized child care, and private providers has been made more difficult, thereby blocking integration within the early care and education field.

In Colorado, however, the Department of Education's Early Childhood Management Team (ECMT) has actively addressed this problem. In conjunction with the Colorado Department of Social Services (CDSS), ECMT has established Quality Standards for Early Childhood Care and Education Services. As a result of this effort, all programs receiving funds from the Colorado Department of Education will be required to meet common quality standards and be licensed by CDSS by the year 2000. Additionally, they will be encouraged to become accredited by the National Association for the Education of Young Children. Many of Colorado's public school and nonpublic school programs for children will now be subject to the same regulations. Given the tensions caused by regulatory fragmentation, Colorado's effort seems an important model to be considered in service integration efforts in other states.

DATA COLLECTION/UTILIZATION

Service integration accomplishments in the area of data collection/utilization are promising, though most data-related efforts remain in the collection phase, with systems for data utilization not yet fully implemented. There seem to be three main categories of accomplishments in data collection: (1) data collection linked to efforts at program evaluation; (2) data collection designed to display gaps and achievements in service delivery systems; and (3) data collection tied to outcomes specification efforts.

Data collection on specific integrative programs, while well developed in several states, seems to occur mainly in instances of legislative mandate. In Colorado, for example, program legislation required an evaluation of the state's Family Centers in their first year. Conducted by the Center for Health Ethics, Policy, and Human Investment at the University of Colorado, and funded in part by the Ford Foundation, the evaluation involved data collection based on the following three questions:

- Do the Family Centers provide a mechanism for more effective and efficient delivery of human services, education, and health services?
- What impact do the Family Centers have on child well-being and on the family's ability to care for itself?
- What impact do collaborative governance structures have on Family Centers?

Preliminary findings indicate that Colorado's Family Centers are beginning to consolidate multiple services on site, improve communications among public and private organizations, and increase the immunization and school attendance rates in Family Center communities.

Program level data collection is also underway in Florida, where third party evaluation of the Florida Prevention, Early Assistance, and Early Childhood Act (Chapter 411) is required annually by the Florida legislature. The University of Florida and Florida State University together have been contracted to develop a data management design for system level evaluation, devise a data collection system, conduct case studies, examine the functioning of the State Coordinating Council, and study specific Chapter 411 and related programs, including the Prekindergarten Program.

In a 1992 report, progress toward the fulfillment of these tasks was presented. Notable achievements included: the identification of barriers to linking Department of Education and Department of Health and Rehabilitative Services data systems; the use of data from these departments to establish county baseline profiles of educational outcomes in the context of sociodemographic variables; and the development of a Pre-K Program evaluation to examine parent involvement and children's social, emotional, and cognitive growth.

While linked primarily to specific programs, these data collection and evaluation efforts have begun to target systemic variables and human outcomes that are central to the assessment of service integration results. Other data collection efforts, not tied to specific program evaluations, are addressing systemic and human factors more directly. For example, system level data collection designed to display gaps, overlaps, and achievements in service delivery systems is underway in Indiana. Due to encouragement from the state Step Ahead Office, every local Step Ahead Council has completed a needs assessment providing demographic information, overviews of all agencies that provide services to young children, and a grid identifying gaps and redundancies in service delivery. This information is being consolidated at the state level, and will be used to guide future Step Ahead efforts.

Similarly, important data have been collected across agencies in Oregon to guide planning and resource development around early care and education. Published in a biennial statewide report — Estimating Child Care Needs in Oregon" — the data provide information on family demographics, household income, and child care arrangements. Many key integrative initiatives in the state — the Child Care Division, the Progress Board, the Commission for Child Care, and the Commission on Children and Families — have become involved in compiling data to guide their own efforts.

Finally, data collection focusing on human outcomes has advanced steadily in Oregon and Florida due to outcomes-orientated service integration initiatives. These efforts are discussed in detail in Chapter Thirteen.

CONSUMER INFORMATION

Many of the service integration initiatives observed have focused on consumer awareness, launching innovative efforts to provide consumers with service information. In Indiana, the state Step Ahead Office is attempting to advance consumer awareness through the creation of a locally-based Family Information System, and many local Step Ahead Councils are developing consumer information programs. In Colorado, the Department of Social Services is working to provide communities with child care and other service information in touch-screen kiosks throughout the state. And in Florida, Full Service Schools have developed creative outreach efforts, such as one school's traveling family resource bus equipped with a data base of local services for children and families.

In spite of these accomplishments, consumer awareness of services for children and families and of service integration efforts appears to be low in each state visited. Consumer focus groups conducted in each state indicated that while parents had firsthand understanding of child and family needs and of the specific service systems they navigated, they displayed little comprehension and knowledge of service integration efforts. This may, in part, be due to the fact that myriad attempts to involve parents in service integration initiatives have had limited success (see Chapter Ten). In addition, media attention to service integration and even to basic child and family issues has been weak in each state (Chapter Ten).

The service integration initiatives studied have been successful in fostering more equitable service distribution by dispersing services and funds more broadly across geographic areas and by minimizing the categorical barriers that restrict service options for children and families of different eligibilities.

Direct Services

EQUITABLE DISTRIBUTION

The service integration initiatives studied have been successful in fostering more equitable service distribution by dispersing services and funds more broadly across geographic areas and by minimizing the categorical barriers that restrict service options for children and families of different eligibilities. For example, Florida's Full Service Schools and Colorado's Family Centers have advanced equitable distribution through their one-stop shopping models — providing an array of services in many central, community-based locations throughout the states. As a statewide service integration initiative, Step Ahead has also bolstered the equity of service distribution through supporting and funding local integrative planning councils in every county, including rural areas that may not have had sufficient resources in the past. The Oregon Commission on Children and Families, when fully implemented, promises to do the same.

Through a different approach, Florida has supported equitable distribution at the local level in using some of the innovative financing mechanisms mentioned in Chapter Eight. Initiatives are underway in counties such as Alachua and through the Collaborative Partnership Projects to streamline funding, intake, and eligibility for Head Start, Pre-K, and subsidized child care, thereby ensuring that children in need have a better chance of being served without coming up against categorical barriers. These efforts aim to distribute available early care and education services more equitably among children of different eligibilities.

In summary, service integration initiatives that are comprehensive and community-based, and/or efforts that focus on eliminating fragmentation in financing seem to demonstrate the most accomplishments in the area of equitable distribution.

ABUNDANCE

In the four states studied, many of the service integration initiatives have contributed to increases in the amount of services provided to young children and their families. In Florida, due to the support of the State Coordinating Council, Healthy Start has been instituted in several counties, and a similar effort is underway in Oregon in conjunction with the Commission on Children and Families. In Colorado, the Family Centers have helped to increase available services, especially in rural parts of the state. In Indiana, nearly 10,000 additional children are receiving child care services as a result of Step Ahead. In addition, in response to needs assessments conducted by local Step Ahead Councils, 30 percent of Indiana's counties have expanded parent education efforts.

In some notable cases, such as the rapid expansion of the Pre-K Program in Florida and increased private sector and legislative support of child and family initiatives in Oregon, service increases appear to be impacted by rationales other than service integration. While the Pre-K Program in Florida functions as an integrative initiative, the legislature has supported it largely because of its prevention focus. Similarly, increased private sector and legislative involvement in Oregon has resulted mainly from the outcomes orientation that has been instituted by the Benchmarks and adopted by an increasing number of child and family initiatives.

Service integration efforts are not solely aimed at coordination and the reduction of service excesses. Service abundance also appears in many cases to be a goal.

These examples suggest that support for service expansion in the context of integrative initiatives might be effectively garnered through publicizing goals — such as prevention or specific child and family outcomes — that are more easily grasped and of more interest to policy makers and the general public than the complex concept of service integration. Another insight to be drawn from the above examples of service expansion is that service integration efforts are not solely aimed at coordination and the reduction of service excesses. Service abundance also appears in many cases to be a goal, sometimes contributing to the untidiness — the proliferation of efforts — discussed in Chapter Four. Thus, concern that service integration initiatives aim primarily for major cost savings and service cuts is not substantiated by this report.

QUALITY

It is difficult to discern specific accomplishments of the states' service integration efforts in the area of service quality. While few initiatives beyond Florida's State Coordinating Council — which is required to report on the quality of federally-funded preschool programs for 4-year-old children at-risk — seem to address the content and quality of services directly, most efforts do actually engage in what have been termed quality enhancement efforts.

Kagan & the Essential Functions and Change Strategies Task Force (1993) have delineated a number of elements of a quality early care and education system, including adequate and coordinated financing, systematic training and staff development, regulation, durable advocacy, and public involvement. As previously illustrated, service integration efforts in the four states are directing their attention to achieving many of these elements, both for early care and education and for the broader system of human services.

It appears, then, that many service integration initiatives work to impact service quality indirectly, through strengthening the service infrastructure. Integrative efforts seem to focus less on the content of direct service programs and the nature of interactions between clients and providers than on systemic issues and service linkages. It is hoped that infrastructural accomplishments linked to this systemic focus will enhance the quality of specific program components — such as staff qualifications or program resources that impact direct service quality — though clear examples of such enhancement are not yet manifest in most instances.

Discussion

Given this range of accomplishments in infrastructure and direct services, questions about trends and implications for service integration emerge. In what areas do accomplishments seem to cluster? Where do accomplishments seem to fall short? In what way are the accomplishments connected to various aspects of the implementation of service integration initiatives (i.e., the domain, level, approach)? What lessons can be drawn for service integration?

To begin, the accomplishments of the service integration efforts observed in this study appear strongest in the areas of funding, training/professional development, data collection/utilization, equitable service distribution, and service abundance. Accomplishments in advocacy, regulation, and consumer information are less robust, and accomplishments in the area of service quality less direct. Given this spread, none of the service integration efforts provides a full picture of systemic accomplishments, affecting all elements of infrastructure and multiple aspects of direct services. Nevertheless, current accomplishments represent meaningful advances and provide interesting lessons regarding the nature and implementation of service integration.

First, looking at the issue of domain, it appears that many of the accomplishments in infrastructure — funding, training/professional development, advocacy, regulation, consumer information, and data collection/utilization — cluster in service integration efforts focusing within the field of early care and education (within-domain efforts). Conversely, achievements in terms of direct services — mainly equitable distribution and abundance — seem to emanate from service integration efforts focusing across early care and education and other domains (across-domain initiatives).

Infrastructural accomplishments in the area of training/professional development, for example, stem mainly from efforts such as the Indiana Child Development and Training Committee, or Florida's work to create new early childhood teacher certificates, both of which are focused on the field of early care and education. In terms of regulation, no service integration initiatives observed in this study have effected regulatory reform beyond the early care and education field. While Colorado's "Quality Standards for Early Childhood Care and Education Services" represent an important regulatory advance, bringing together the Department of Education and the Department of Social Services, they too focus mainly on early care and education services. Similarly, accomplishments in advocacy, data collection/utilization, and consumer information, while less confined to the early care and education field, do not notably span disciplines.

An interesting exception to this trend of within-domain accomplishments occurs in the area of funding. Funding increases achieved through pooling funds in Indiana and Colorado clearly involve integration between early care and education and other domains, including social services, health, criminal justice, and job training. The integrative strategies employed to reach such funding accomplishments point again to financing efforts as powerful components of service integration (see Chapter Eight).

In contrast to accomplishments in infrastructure, direct service accomplishments in equitable distribution and abundance seem to be linked more often to efforts that integrate services across early care and education and other domains. As indicated earlier, equitable service distribution is associated with broad-based, across-domain initiatives such as Step Ahead, the Commission on Children and Families, Full Service Schools, and Family Centers — all of which bring services and funds to diverse localities that may not have received such resources before. Service expansion achievements are mostly propelled by the same across-domain efforts listed above.

Direct service accomplishments in the area of quality are harder to categorize and link to specific initiatives. However, since quality seems most often addressed through attention to infrastructure, it may be that the within-domain efforts associated with infrastructural accomplishments currently have the greatest potential to impact the quality of services. Across-domain integration initiatives — tied more often to accomplishments in abundance and equitable distribution than those in infrastructure — may have less of an effect on service quality.

These varying accomplishments of within-domain and across-domain initiatives may prove instructive in targeting service integration strategies capable of effecting systemic accomplishments in terms of both infrastructure and direct services. Within-domain efforts that tend to promote accomplishments in specific areas of infrastructure might be strategically matched with broader across-domain efforts leading to reform of direct services, thus combining the strengths of both types of initiatives to maximize the potential of service integration.

A second implementation factor that seems to influence the accomplishments of service integration initiatives in the four states is level — i.e., whether service integration activity takes place at the state level, local level, or both. A review of the accomplishments discussed previously in this chapter indicates that those in the areas of training/professional development and regulation are linked to service integration efforts that operate primarily at the state level — Indiana's Child Development and Training Committee (established through the state Step Ahead Office), Florida's State Coordinating Council, and Colorado's Early Childhood Professional Standards Task Force and Early Childhood Management Team. Conversely, the accomplishments observed in the provision of consumer information are linked to integrative efforts that operate primarily at the local level, such as Indiana's local Step Ahead Councils and Florida's Full Service Schools.

Speaking to some of the issues raised in Chapter Six, accomplishments in the equitable distribution of services emanate in part from initiatives such as Step Ahead and potentially the Oregon Commission on Children and Families, which work simultaneously at the state and local levels. This trend may result from the enhanced state and local communication possible in such efforts. Through these initiatives, local communities can identify and express their needs to the state, which has the perspective and power to distribute service resources more evenly.

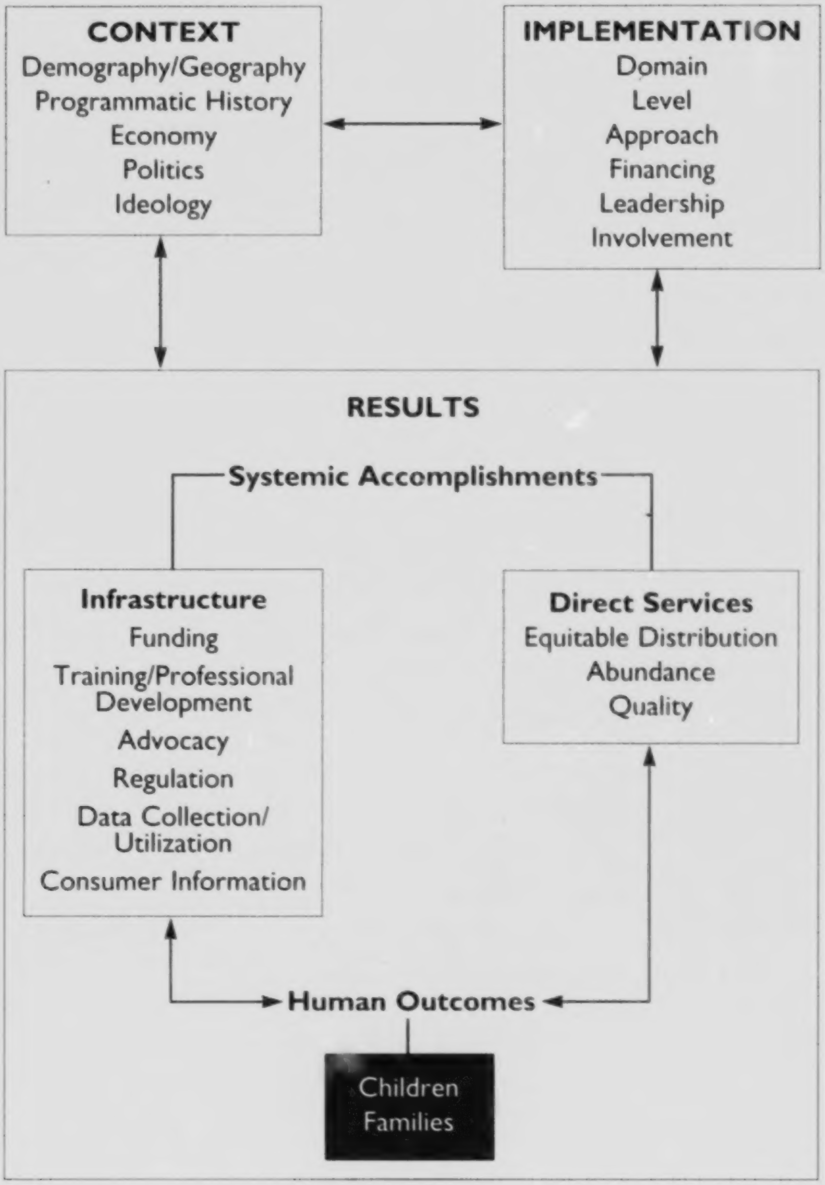
A final trend to be noted in the service integration accomplishments discussed above pertains to the approaches of integrative efforts outlined in Chapter Seven. The state initiatives focusing on programs and/or policy — Colorado's Family Centers and Early Childhood Management Team; Florida's Full Service Schools, State Coordinating Council, and Pre-K Program; Indiana's Step Ahead; and the Oregon Benchmarks, Commission on Children and Families, and Commission for Child Care/Child Care Division — have yielded the most accomplishments overall. Organizationally-centered efforts — such as the restructuring that took place with the establishment of Step Ahead, or Oregon's consolidation of many of its child care services in a single Child Care Division housed in the Employment Department — are not directly linked to accomplishments in the categories we detailed.

This finding may be influenced by a number of factors, including: the large number of program- and/or policy-centered initiatives and the smaller number of organizationally-centered efforts observed in this study; the relative youth of the organizationally-focused efforts in comparison to other service integration initiatives; and the specific categories of accomplishments we have chosen to discuss. Nevertheless, this trend may warrant further study as it suggests that program- and policy-centered approaches to service integration yield the most tangible accomplishments in terms of both infrastructure and direct services.

Summary

In linking aspects of the implementation of service integration initiatives — such as domain, level, and approaches — to the accomplishments discussed in this chapter, the difficulty of attributing results to specific service integration efforts or strategies becomes more evident. In part, this difficulty is due to the "newness" of service integration for children and families in the four states (and, for that matter, in states throughout the nation). Additionally, the limitations of this study — which has allowed us to observe only a cross-section of service integration accomplishments during a confined period of time — have also made attribution difficult. And finally, as noted in Chapter Eleven, attribution is difficult because accomplishments can be linked to a host of other factors, including the efforts of other non-integrative initiatives, relationships among providers and consumers in the service system, and the context of the state.

In spite of these limitations, however, we have attempted in this chapter to discern and analyze trends related to the accomplishments of service integration initiatives. Such analysis might be furthered in the future through the expansion of an important infrastructural component — data collection/utilization focused both on service integration programs and systemic changes. Perhaps a more longitudinal and systematic study than this one could also shed light on service integration accomplishments. Whatever the possible strategies may be, much work remains to be done in terms of analyzing the systemic accomplishments of service integration.


CONTEXT
Demography/Geography
Programmatic History
Economy
Politics
Ideology
IMPLEMENTATION
Domain
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Approach
Financing
Leadership
Involvement
RESULTS
Systemic Accomplishments
Infrastructure
Funding
Training/Professional Development
Advocacy
Regulation
Data Collection/ Utilization
Consumer Information
Direct Services
Equitable Distribution
Abundance
Quality
Human Outcomes
Children
Families

Findings

- The establishment of an outcomes orientation is especially difficult in service integration efforts due to the systemic focus of many integrative initiatives, the inadequacy of data collection capacities across agencies and domains, and the transition costs associated with conversion to an outcomes orientation.
- Few service integration initiatives focus on child and family outcomes, centering instead on infrastructure and direct service improvements.
- Independent, state level efforts at outcomes specification — such as the Oregon Benchmarks — may be more successful at garnering broad-based acceptance, financial support, and commitment from integrative initiatives statewide than outcomes specification confined within specific service integration initiatives.
- Separate efforts at outcomes specification and service integration — especially when broad-based and statewide — can work synergistically, with each facilitating and advancing the other.

While numerous and promising, the systemic accomplishments previously discussed do not reveal the total story of service integration. As noted in Chapter Eleven, these accomplishments may be regarded as finite in themselves or as stepping stones to outcomes for children and families. This chapter looks at the latter — human outcomes of service integration — focusing on five areas: (1) the rationale for an outcomes orientation; (2) the nature of child and family outcomes; (3) the challenges an outcomes orientation occasions in service integration efforts; (4) the status of outcomes orientation in the service integration efforts observed for this study; and (5) the implications and lessons that can be drawn from the outcomes-oriented service integration efforts that currently exist.

The Rationale for an Outcomes Orientation

To date, federal and state policies affecting and regulating programs and services for children and families have focused mainly on inputs. Monitoring inputs has demanded data on what services have been delivered to whom, under what conditions. All too often, the important question "with what results?" has been avoided. An emphasis on outcomes shifts the discussion from inputs to outputs, focusing more directly on changes for program participants than on improvements in the programs themselves. This orientation can change the emphases of program approaches and strategies.

A second rationale for an outcomes orientation is that specifying clear outcomes makes the work of an initiative more targeted and renders its effectiveness explicit. Funders and community leaders are often uncertain regarding the real aims of service integration efforts. Further, they may be unclear whether their investments are making a real difference for children and families. With an outcomes orientation, specific outcomes achieved can be heralded. In addition, specific outcomes can be targeted for achievement, leading service providers — from managers to front-line workers — to retool their efforts in order to develop results-oriented interventions.

Perhaps the most compelling rationale for an outcomes orientation, however, is that a focus on outcomes has the potential to facilitate greater collaboration and integration. As evidenced in the Oregon Benchmarks process — wherein a broad range of outcomes are specified by the state for adoption by diverse, collaborating groups working toward reform — clearly specified goals, understood and agreed upon by all, can solidify efforts and propel them toward promising results. Collective agreement on outcomes supports a sense of collective responsibility and shared vision than can lead to better coordination and integration of services.

The Nature of Outcomes

Outcomes targeted by programs and services vary on several critical dimensions including their specificity, durability, and the level at which they are assessed. Many targeted outcomes tend to be quite specific, with greater specificity often leading to greater ease of assessment. For example, one of the Oregon Benchmarks posits the following as a specific and assessable outcome: by 1995, 96 percent of babies in Oregon will be of healthy birth weight. Specified outcomes may be short- or long-term, varying with the content of the outcome. The above Benchmark targets both a short-term outcome for 1995 and a longer term outcome for 2010 — that 98 percent of babies will be of healthy birth weights.

Finally, the level at which outcomes are specified and assessed can vary. Young, Gardner, & Coley (1993) note that outcomes can be collected at five levels: (1) individual client outcomes; (2) aggregated client level data for program outcomes; (3) aggregated program data for agency outcomes; (4) aggregated agency data for community outcomes; and (5) community-wide outcomes that measure community conditions in their entirety.

For the purposes of this study, we have identified two categories of outcomes in which we are most interested, though all are important. The two categories include: (1) outcomes for individual children, birth through 5 years of age, and (2) outcomes for the families of these children. In so doing, we build on work by Schorr and Bruner. Schorr (1994) has offered a core list of outcomes for children and youth that includes the following for young children: healthy births, 2-year-old immunizations, children ready for school, and healthy childhoods. Bruner (1994) considers outcome elements related to families, including family involvement, family growth, community embeddedness and family well-being.

Operating categorically for decades, agencies have had few incentives to collect data based on a collaborative, integrated outcomes orientation. Often data within a single agency is not interfaced; data linkages across agencies are even more difficult. The lack of such coordinated data collection thwarts efforts to attribute service integration results, foster collective accountability, and analyze processes of change.

The Challenges of an Outcomes Orientation in Service Integration

Given the complexity of outcomes noted in the previous section, an effective outcomes effort — based largely on realistic and meaningful outcomes specification, appropriate strategies to reach outcomes, and a well developed assessment system — is extremely difficult to achieve. Such an effort is especially challenging in service integration initiatives, which often aim mainly at systemic changes and "accomplishments," rather than equally important child and family improvements. In adopting a child and family outcomes orientation, those involved in service integration efforts must first define desired outcomes and then determine which systemic strategies best promote their achievement. Moreover, in assessing outcomes, service integrators must examine which of the systemic changes and accomplishments are actually linked to outcomes achieved without oversimplifying the complexity of change or of child and family development.

As with the assessment of accomplishments, the attribution of child and family outcomes is impacted by a number of factors beyond systemic changes — such as familial or neighborhood contexts, personal relationships, and programmatic efforts. As diagrammed at the bottom of the results box in our conceptual model (see Figure 1, page 16), human outcomes are affected by a virtual army of factors emanating from context, implementation, systemic accomplishments, and other areas entirely outside of the model.

Another challenge in implementing an outcomes orientation involves the adequacy of data collection capacities across agencies. Operating categorically for decades, agencies have had few incentives to collect data based on a collaborative, integrated outcomes orientation. Often data within a single agency is not interfaced; data linkages across agencies are even more difficult. The lack of such coordinated data collection thwarts efforts to attribute service integration results, foster collective accountability, and analyze processes of change. Additionally, the inability of agencies to collect coordinated outcome data has led policy makers to dub outcomes orientation an unnecessary, unwieldy challenge.

A third challenge relates to the fact that broad-based outcomes may only be applicable to the extent that service integration takes hold in communities throughout the state (Bruner, 1994). More minimalist implementations of service integration may not yield data reflective of multiple communities or fully useful to policy makers. Since so few service integration efforts are truly statewide, broad-based outcomes often become ideal rather than imminent.

While all of the service integration efforts observed seek to improve services for young children and their families, few actually target and work toward specified child and family outcomes.

Finally, there are transition costs associated with conversion to an outcomes orientation that need to be absorbed in service integration initiatives. Without clear conviction that an outcomes orientation is both a crucial and achievable accompaniment to a focus on systemic accomplishments, support for outcomes in service integration will remain rhetorical.

The Status of an Outcomes Orientation in the Four States

Understandably, these challenges have limited the extent to which the four states focus on outcomes. While all of the service integration efforts observed seek to improve services for young children and their families, few actually target and work toward specified child and family outcomes. Most of these initiatives specify goals such as developing collaborative agreements, common intake, or shared funding amongst designated multi-disciplinary agencies, programs, or services. Many of the service integration efforts observed also aim for legislatively recommended achievements, such as the contracting for services encouraged in Florida's Prekindergarten Program. Such goals and achievements focus mainly on infrastructure and direct services — discussed in Chapter Twelve — rather than human outcomes.

While a focus on systemic accomplishments is predominant in the states we observed, two examples of service integration initiatives that have adopted outcomes orientations do exist. Both of these efforts are still new, and therefore cannot yet provide concrete information on what the impact of an outcomes orientation and what the actual human outcomes of service integration may be; still, they represent important pioneering forays into the outcomes domain.

The first example of an outcomes-oriented service integration effort is Florida's System of School Improvement and Accountability — Blueprint 2000. Blueprint 2000 has specified outcomes and outcome indicators for seven goal areas including: (1) readiness for school; (2) graduation rates and readiness for post-secondary employment and education; (3) student performance; (4) learning environments; (5) school safety; (6) teachers and staff; and (7) adult literacy. Much of the integrative focus of the initiative occurs through Goal 1 — readiness for school — under which two primary outcomes are specified: first, all children will receive appropriate health and social services prior to school entry so that optimum learning can occur; and second, all children will be physically, socially, and intellectually ready to be successful learners upon entry to school. Specified outcome indicators for these primary outcomes include required collaborative agreements among schools, local Health and Rehabilitative Services agencies, and local community players to provide all children and families with the following supports: comprehensive health services; appropriate screenings; therapeutic services; Full Service Schools; information and referral networks; and trained early childhood personnel, among others.

Assessment of progress toward the outcomes specified in Blueprint 2000 is primarily the responsibility of the schools and school districts, which are required to report on key data elements targeted at the state level by the Blueprint 2000 oversight body — the Florida Commission on Education Reform and Accountability. The combined data elements are intended to demonstrate whether young children are receiving the services and supports deemed necessary to promote readiness for school. These elements include: the number and percent of eligible kindergarten students who participated in a preschool program; the number and percent of free and reduced lunch eligible kindergarten students who have been screened or treated for vision and hearing problems; the number and percent of students in kindergarten through third grade enrolled in each exceptional student education program; the number of Healthy Start infant screenings positive for risk factors; and the number and percent of children identified through child find systems. School reports on these data elements are due out in the fall of 1994 and will be followed by a second phase of data collection intended to demonstrate children's success in school as a result of increased services and supports.

Of the service integration initiatives observed in the four states, the Oregon Benchmarks effort has developed the most advanced and broad-based outcomes orientation. The Benchmarks effort is a statewide accountability initiative which is overseen by the Oregon Progress Board and provides an outcomes agenda toward which many of the state's integrative efforts are directed. The Progress Board has adopted more than 272 Benchmarks in different categories in an effort to improve the well-being of Oregon's citizens, the quality of life in the state, and the state's economy over a 20-year period (1990-2010). State and local agencies, organizations, programs, and citizens from a broad range of sectors, fields, and backgrounds are considered the backbone for the achievement of the Benchmarks and are encouraged to collaborate toward this end.

Benchmarks exist for babies and toddlers (including the reduction of infant mortality rates, and increased percentages of healthy birth weight babies); for early childhood development (including readiness for school); for adults (including increased skill proficiency, improved health, and enhanced adult education); for families (including reduced spousal abuse and reduced percentages of homeless children); and for communities (including equal opportunity and social harmony; appropriate community design; safe and accessible transportation; affordable housing; public safety; justice; cultural enrichment; and sense of community). Some of these Benchmarks — including many pertaining to early childhood development — are designated as urgent Benchmarks.

The establishment of the Oregon Benchmarks has led to a remarkable effort to consolidate relevant statewide data focusing on both state level and county level outcome indicators. Attempts have been made to accompany each of the 272 Benchmarks with data from 1970, 1980, 1990, 1992, and target data for 1995. While the data retrieved for most Benchmarks are currently limited to the years of 1990 and 1992, and while some Benchmarks — such as readiness for school — are not yet backed by any past or target data, the information consolidated by the Progress Board represents an impressive start. Data sources for the various Benchmarks include: the Children's Services Division; the Oregon Shelter Network's One Night Shelter Counts; Vital Statistics from the Health Division; the Carnegie Foundation's National Survey of Kindergarten Teachers; the Oregon Population Survey; and special surveys authorized by the Oregon legislature.

While demographic data collection at the state and county levels has advanced, mechanisms for the collection and use of program level data have not yet been determined in Oregon. Currently, local programs attempting to meet specific Benchmarks can only vaguely measure their success by examining county data related to these Benchmarks. As such, the Benchmarks are currently functioning to hone the planning processes of local child and family services; and to move such programs and services toward an outcomes orientation so that accountability will be a natural consideration by the time outcome measures and data systems are fully implemented.

Within this evolving framework for outcomes orientation, one of the most promising examples of the Benchmarks in action is their use by the Oregon Commission on Children and Families. Also a statewide initiative, the state Commission on Children and Families aims to create a more "integrated, accessible, preventive statewide system of services to children and families" by devolving responsibility to county level collaborative commissions in charge of planning and implementing the system. Both the state and county Commissions on Children and Families are strengthened by an outcomes orientation established via legislation. House Bill 2004, the legislation that gave birth to the Commissions, specifies eleven of the Benchmarks most clearly related to children and families, and requires that each county Commission work toward at least one Benchmark of choice.

To facilitate this process, the state Commission office has provided technical assistance and direction to county Commissions working to incorporate various Benchmarks and has collected and distributed county level data on key Benchmarks being used at the local level including: the percentage of babies whose mothers received adequate prenatal care; the pregnancy rate per 1000 females from 10 to 17 years of age; the number of children abused or neglected per 1000 persons under 18 years of age; identified child care slots per 100 children under 13 years of age; and the percentage of families above 100 percent of the federal poverty line.

The leaders of many service integration initiatives speak to the important advances that an outcomes orientation represents and express a common desire to better understand outcomes.

Implications

With the exception of the preliminary efforts discussed in the previous section, the terrain that links service integration to child and family outcomes is basically untrod. Neither Indiana nor Colorado systematically link service integration efforts to outcomes specification, with legitimate reasons being that funds for such efforts are lacking, and energy is currently being poured into creating and implementing service integration rather than assessing its results. Even in Oregon and Florida, an outcomes orientation has been adopted by relatively few service integration initiatives. In all states, for the time being, there seems to be acceptance that the accomplishments resulting from service integration efforts are sufficient, underlain by an assumption that children and families will benefit from such changes. This current status, however, should not necessarily be interpreted as the final goal. To the contrary, the leaders of many service integration initiatives speak to the important advances that an outcomes orientation represents and express a common desire to better understand outcomes.

A great deal remains to be learned about the incorporation of outcomes in service integration efforts, with the two outcomes-oriented initiatives previously presented shedding some light on possible lessons and questions to be addressed. Both of these initiatives — Blueprint 2000 and the Oregon Benchmarks — are overarching state level efforts intended to be infused in endeavors statewide. The broadness of these initiatives appears critical and may help to attach outcomes orientation to other key service integration initiatives in the state.

The Oregon Benchmarks process seems particularly well designed to effect such an infusion, since it specifies outcomes in a vast expanse of domains —

early childhood development, teen pregnancy, housing, the economy, environmental quality, safety, health, education, and community design. As such, the Benchmarks are applicable to a broad range of initiatives — including service integration initiatives — aimed at improving the quality of life for Oregon's citizens. An effort such as Blueprint 2000, while implemented (and in fact mandated) statewide and soliciting the participation of diverse players, is somewhat more limited than the Benchmarks. Blueprint 2000 mainly specifies educational outcomes; its outcomes are focused on improving students' achievement and learning in school. As such, Blueprint 2000 may prove less successful than the Benchmarks in catalyzing a "cultural shift" to an outcomes orientation in service integration initiatives throughout the state.

Blueprint 2000 and the Oregon Benchmarks share another interesting attribute that sheds light on the potential interaction between service integration and outcomes specification. Each of these initiatives presents an outcomes orientation as a primary focus that is as important, if not more important, than the focus on service integration. The Oregon Benchmarks have perhaps the least explicit focus on service integration and, as such, are an interesting example to study.

While based on the premise that Oregon's future will be enhanced if its citizens share common visions and goals and join together to achieve them, the Benchmarks do not directly set up structures for collaboration and service integration. Rather, the Benchmarks effort serves as a rallying point around which diverse organizations, agencies, programs, and individuals can come together to create the shared vision that seems such an integral component of the service integration process (see Chapter Nine) and to reach common outcomes. In specifying such a broad range of outcomes, the Benchmarks cut across sectors, fields, agencies, and branches of government and act as a catalyst for service integration.

Several key questions are raised by this approach, however. First, if the Benchmarks focus on outcomes specification over service integration, will there be a sufficient degree of integrative efforts in the state that create lasting systemic change in the process of meeting these outcomes? The example of the Oregon Benchmarks, in fact, seems to indicate an affirmative answer. Though the Benchmarks do not specify service integration as a strategy for achieving important child and family outcomes, service integration in Oregon — specifically, through the efforts of the Commission on Children and Families, which are linked to the Benchmarks in each county — is being used to facilitate human outcomes. In fact, the existence of the Oregon Benchmarks as a separate statewide effort capable of garnering broad-based support and raising funds to assist programs and initiatives in meeting outcomes seems to have made the adoption of an outcomes orientation more feasible for Oregon's local Commissions. In contrast, an outcomes orientation might be more difficult to implement in Indiana's Step Ahead, where a separate state level outcomes initiative does not exist. As a result, the difficulty of garnering acceptance of and financial support for outcomes specification in Indiana is increased. Given the myriad challenges of implementing an outcomes orientation — and of implementing service integration efforts — outcomes specification might be more feasible in integrative efforts if initiated outside the service integration process.

A second important question related to Oregon's strategy of implementing an independent outcomes initiative is whether service integration efforts, in turn, can help to instigate and promote an outcomes orientation. Some in Oregon argue that early service integration efforts in the state influenced the development of the Benchmarks. In the process of bringing people and organizations together around results rather than activities, these initiatives created a desire and need for common ground — common goals such as the Benchmarks toward which diverse groups could work. Indeed, work toward the Benchmarks has advanced throughout the state due to their adoption by the majority of Oregon's local Commissions on Children and Families.

Outcomes specification and service integration can work synergistically, with each facilitating and promoting the other.

Summary

The example of the Oregon Benchmarks, linked to the Oregon Commission on Children and Families, indicates that outcomes specification and service integration can work synergistically, with each facilitating and promoting the other. An independent state level outcomes effort such as the Benchmarks, and a statewide, community-based service integration initiative such as the Oregon Commission on Children and Families seem to be powerful mechanisms fueling this strategy.

In spite of these promising mechanisms, however, outcomes specification in service integration initiatives currently remains more hope than reality — more attempt than proven success. Promising efforts are underway, though crucial steps such as assessment have yet to be fully implemented. In addition, definitive outcomes of the service integration efforts have, for the most part, not yet been determined or demonstrated. More work in this area is clearly needed if the full results of service integration and its potential to make positive changes for children and families are to be understood.

PART V
CONCLUSION

TOWARD SYSTEMIC REFORM: FINDINGS AND IMPLICATIONS FOR ACTION

CHAPTER 14

Our study of service integration efforts in four states has brought to light many lessons about the nature of service integration and the potential of systemic reform efforts. The purpose of this chapter is to synthesize and integrate what we have learned and to discuss implications for future service integration efforts.

In Chapter Two, we identified four functions of service integration: bringing together previously unconnected services; overturning past practice, policy, or bureaucracy; creating mechanisms that work to promote and sustain integrative strategies; and changing relationships for and among people and institutions. In our examination of state and community initiatives, six elements emerged as critical to the creation of comprehensive service integration efforts which fulfill all four functions: (1) within- and across-domain integration; (2) multiple approaches; (3) state and local level components; (4) articulated, bi-directional state/local highways; (5) creative, broad-based involvement; and (6) specification of targeted accomplishments. We suggest that the six elements and the interactions among them contribute to the optimal development of service integration efforts and the achievement of their intended results. In the first section of this chapter we explicate each of the six elements, explaining why they are integral components of service integration efforts.

Second, we describe the process of service integration and the lessons learned. We contend that the development of service integration is idiosyncratic, influenced by a host of internal and external variables unique to each particular setting. Although certain observable trends merit attention, service integration does not seem to follow a predetermined course or trajectory.

Third, we examine allied movements that coexist with and influence service integration. Refuting past discussions that have conceptualized service integration as a singular strategy, we see it functioning in partnership with other efforts. We note that the nature of service integration's work does not, and cannot, meet all goals associated with improving service delivery. Human service reform seems more appropriately construed as a series of allied movements working together to promote change.

And finally, we apply current findings to future practice, detailing specific considerations for practitioners, policy makers, and researchers. In so doing, we build on each preceding section of the chapter — the six elements of comprehensive service integration, the process of systemic reform, and service integration's partnership with allied movements.

Six Elements of Comprehensive Service Integration Efforts

Throughout this section, we refer to the six elements of comprehensive service integration *efforts*, rather than to the elements of a single service integration initiative. The six elements may be present in a single initiative, but they may also exist across a collaboration of multiple initiatives. The six elements of comprehensive service integration are difficult to implement simultaneously; hence the sequence of their presentation should not be interpreted as suggesting a prescribed, predetermined, or preferable order.

WITHIN- AND ACROSS-DOMAIN INTEGRATION

One critical element of comprehensive service integration is the inclusion of both within- and across-domain integration efforts. Within-domain service integration creates mechanisms through which a given field (e.g., health, education, early care and education) can integrate its various programs, services, and funding streams, and work toward the creation of a common within-domain identity and ideology. At the same time, across-domain integration provides opportunities for communication and partnership across fields and disciplines, thereby promoting the creation of a human service system that is more holistic and responsive to broad child and family needs.

Our analyses suggest that both within- and across-domain efforts are essential to comprehensive service integration; each is enhanced by the other. In merging with across-domain efforts, within-domain initiatives are able to expand and meet the diverse needs of clients more holistically. Across-domain efforts, on the other hand, are made easier and more effective when each domain involved is well-coordinated internally, which is the work of within-domain initiatives.

Early care and education is working toward within-domain integration at the same time that others are infusing it into broader human service initiatives.

Achieving both within- and across-domain integration is, however, quite complex. For example, including early care and education in across-domain efforts necessitates an understanding of the diverse programs, professionals, agencies, and funding streams that are included in the early care and education domain. Without appreciation for the complex nature of the field, across-domain efforts may import only a single component of early care and education, and use that component as a surrogate for the entire field. As a result, the holistic nature of efforts in early care and education may be compromised and the field itself might become even further fragmented, decreasing the possibility for successful within-domain efforts in the future.

Since we have viewed service integration through the window of early care and education, we feel it is important to draw attention to the above issue for the early care and education field. Early care and education is working toward within-domain integration at the same time that others are infusing it into broader human service initiatives. Discussions and efforts around welfare reform, for example, tend to consider early care and education as custodial day care. In this context, child care is valued less for its contribution to child development and early education than for its contribution to the larger goal of family self-sufficiency. The early care and education field is faced, therefore, with the challenge of internal integration (both programmatic and conceptual) at the same time that it is being fragmented by efforts that include only some of its members and stress only a portion of its agenda. Across-domain integration also suffers as a result of this fragmentation, because its efforts are not informed by early care and education's focus on the growth and development of the whole child — a valuable contribution to comprehensive, family-centered services and to family self-sufficiency in future generations.

While we have focused on integration in and around the field of early care and education, we are cognizant that service integration is occurring within other domains, such as health, welfare, and elementary and secondary education. We assume that the issues faced by these domains as they try to integrate internally may be similar to those faced by the early care and education field: construction of a universally accepted ideology; maintenance of within-domain integrity; and collaboration among disparate programs and funding streams. In the creation and implementation of comprehensive service integration, then, we suggest that attention be paid simultaneously to the potential for within-domain integration unique to each domain and to bringing diverse disciplines together to effect across-domain integration.

The four main approaches of service integration initiatives are interdependent; strategies from one approach often facilitate or enhance the work of strategies from other approaches.

MULTIPLE APPROACHES

A second key element of comprehensive service integration efforts is a focus on multiple approaches. Since comprehensive service integration seeks broad-based reform that affects clients, programs, policy, and organizational bureaucracy, an approach that focuses on only one of these categories is not sufficient to drive service integration efforts. Individual strategies or approaches may fulfill any single function of service integration efforts mentioned at the beginning of this chapter — bringing together previously unconnected services; overturning past practice or bureaucracy; creating mechanisms that work to promote and sustain integrative strategies; and changing relationships between and among people and institutions — but all four functions can only be achieved through the use of strategies from multiple approaches. In addition, the four main approaches of service integration initiatives (see Chapter Seven) are interdependent; strategies from one approach often facilitate or enhance the work of strategies from other approaches. For example, a policy approach such as the creation of an advisory body that makes legislative recommendations could facilitate the implementation of a programmatic approach such as pooled funding of services. This synergy between approaches contributes to comprehensive service integration.

STATE AND LOCAL COMPONENTS

A third element necessary in comprehensive service integration is the establishment of specific functions, strategies, and mechanisms that operate at both the state and local levels. Engaging in extensive service integration efforts at one level (state or local) should not be viewed as a substitute for engaging in service integration at the other. Nor should efforts at one level that facilitate the work of the other be seen as a substitute for independent efforts directed toward a service integration agenda. State technical assistance of local projects, for example, is not a substitute for state level policy and bureaucratic reforms; local service delivery according to state level guidelines is not a substitute for community-based planning and innovation.

The existence of state and local components is essential to comprehensive service integration, because the levels have different responsibilities and draw on different resources. As a result of their different spheres of influence, each level has a unique contribution to make to the realization of comprehensive service integration.

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As evidenced in the preceding chapters, the state and local levels tend to engage in different service integration activities: client- and program-centered approaches are implemented primarily at the local level; policy- and organizationally-centered approaches are implemented primarily at the state level. Since service providers and families feel the consequences of service disintegration in their communities, local level institutions often provide the first tier of social service support. At the state level, state agencies are responsible for the implementation of programs, the administration of budgets, and the creation of policies that may affect local service delivery. As a result, ensuring that service integration efforts are in place at both the state and local levels may also ensure that multiple approaches and strategies are being used to effect systemic reform.

It is important to note that partnership with the federal government has not been explicitly included as an element of comprehensive service integration. This is because federal service integration was not the focus of our study; in addition, many involved in service integration at the state and local levels have traditionally sought to work against and around federal agencies and their categorical requirements. We acknowledge, however, that as service integration efforts advance, a partnership that extends to the federal level will become increasingly important, due to the tremendous involvement of federal dollars and policy in the delivery of human services.

ARTICULATED, BI-DIRECTIONAL STATE/LOCAL HIGHWAYS

The creation of articulated, bi-directional highways between the state and local levels is a fourth element crucial to comprehensive service integration efforts. The distinction between elements three and four is intended to stress the fact that service integration efforts must not only be in place at both the state and local levels, but that clear avenues of reciprocity and communication must also exist between them. The term "articulated highways" is used to suggest that concrete mechanisms should be established to facilitate communication and coordination between state and local levels; it should not be assumed that interaction between them will occur naturally. Furthermore, these mechanisms or highways should be "bi-directional"; that is, they should facilitate local to state communication as well as state to local interaction. State level guidelines or technical assistance for local level efforts cannot be seen as bi-directional highways, however, unless they include concrete provisions for the transfer of information, advice, or requests from the local level to the state.

Our belief in the importance of articulated, bi-directional highways stems primarily from the potential — as evidenced by the four states studied — of each level to facilitate and extend the work of the other. State level incentives and assistance may spur the creation or enhancement of local programs; alternately, barriers to comprehensive service delivery identified by the local level may lead to the creation of new, integrative state policies. Instead of the traditional notion of development and implementation as "top-down" (state to local) or "bottom-up" (local to state), we suggest that comprehensive service integration develops "side-to-side," with both levels drawing on each other for incentives, ideas, and support. The goal of bi-directional highways is to maximize interaction between state and local strategies, ideas, and resources; connections made in both directions allow the levels to work in partnership.

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CREATIVE, BROAD-BASED INVOLVEMENT

A fifth element necessary in comprehensive service integration is the participation of a wide range of governmental and non-governmental players — i.e, broad-based involvement. In this instance, "broad-based" involvement is meant to suggest the inclusion of new players — including consumers, the private sector, and the media — and new strategies to engage the larger community in a service integration agenda. The rationale behind this element of comprehensive service integration is drawn from patterns of participation in the four states studied; involvement of individuals and institutions was prevalent primarily in the government sector.

The specification of involvement as not only broad-based, but "creative" suggests that service integrators should not presume that they can involve all players through the same methods. Service integrators often see involvement as a strategy that begins and ends with participation in a planning council or advisory body. Broad-based involvement in these collaborations is vital; however, we suggest that membership is not the only form of participation. While we support the traditional notion that all those potentially helpful to service integration efforts should be "at the table" of systemic reform, we suggest also that there are multiple tables; not all those involved must sit in the same place, at the same time, or for the same purpose.

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SPECIFICATION OF TARGETED ACCOMPLISHMENTS

The sixth and final element essential to comprehensive service integration is the specification of targeted accomplishments. We suggest that service integration efforts should be guided by results-driven models that specify clear accomplishments. In preceding chapters, we defined two categories of results related to service integration efforts — systemic accomplishments and human outcomes. Given that outcomes specification is a complex undertaking in the early stages of development, we believe that targeting and measuring outcomes is currently beyond the reach of most service integration efforts. However, we do feel that it is important to propel service integration efforts toward a results orientation and propose that integrative initiatives begin this shift by focusing on systemic accomplishments.

Increased knowledge about the linkages among many strategies and accomplishments is important for investments in service integration to be maximized.

We suggest that service integration efforts should specify several large-scale, end accomplishments, as well as a related series of interim accomplishments. As discussed in the preceding chapters, understanding the relationship between service integration strategies and specific systemic accomplishments is a crucial challenge to be addressed by service integration efforts. Yet, service integration efforts are often conceived with little articulation or, in some cases, conceptualization of what accomplishments they are meant to achieve. While specified accomplishments do not necessarily need to be achieved sequentially or traced to specific strategies, we believe that increased knowledge about the linkages among many strategies and accomplishments is important for investments in service integration to be maximized.

Service Integration: The Process of Change

The six elements outlined in the previous section appear critical to the optimal development and success of comprehensive service integration efforts. While these elements may be seen as universal, the change process involved in their development and implementation is not. In this section, we discuss four issues that complicate the process of change in service integration efforts.

First, context contours the nature and trajectory of service integration efforts. Since service integration seeks to reform the human service system, the shape and extent of its efforts are linked to the array of available programs, people, agencies, and relationships that comprise the human service landscape in a given state or community. At the same time, the potential for service integration efforts may be influenced by additional factors, including politics, economics, and the prevailing ideology in a given state or community. In addition, certain initiatives, movements, or councils may be in place in a state or community prior to the inception of service integration efforts. In some cases, these existing initiatives can form a foundation upon which service integration efforts can be built; in other cases, these initiatives may present a challenge to service integration efforts, due to direct opposition or to the difficulty of coordinating multiple entities at different phases of development. As a result, the change process fostered by service integration evolves differently in different settings.

Second, the change process associated with service integration is marked by a tremendous potential for innovation. Change occurs when new connections are made and new relationships are forged. As discussed in preceding chapters, the leaders of service integration efforts are often those able to seize an opportunity to involve new players or attempt new strategies. Because their work is dependent in part on a given context or setting, service integrators must be entrepreneurs, who work to shape a landscape receptive to service integration efforts.

Third, the change process involved in service integration follows no clear trajectory. Systemic reform is not a sequential process, and there appears to be no definable set of steps or stages leading to successful service integration. Due to the influence of context and the innovative, opportunistic nature of service integration, efforts are constantly changing and building on each other. As a result, the successful service integration efforts observed in this study are marked not by their logical progression from one stage to another, but by an entrepreneurial capacity to link creatively with other initiatives, movements, and advocates.

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Fourth, in some cases, service integration may actually contribute to fragmentation, contrary to its mission to combat it. Service integration initiatives are often conceived and implemented in isolation from one another, lacking a clear conception of how these efforts may fit into a bigger picture of systemic reform. In part, the potential for fragmentation is a result of service integration's non-linear development. In addition, a certain degree of fragmentation stems from the fact that service integration is often asked to "serve many masters," addressing concerns of equity, economy, accessibility, and politics. As a result, service integrators need to be aware of the potential for service integration to become disjointed, and of the fact that these disjointed efforts run contrary to the mission of service integration.

Service Integration in Partnership

While attention to the six elements discussed earlier and understanding of the process of systemic change are important in optimizing service integration, these are not the only factors essential to the success of general human service reform. Comprehensive integration, well shaped to its context, can best effect reform when accompanied by other movements that focus on: establishing and sustaining broad-based advocacy around child and family issues; articulating targeted human outcomes; and enhancing the quality of programs and services.

In past theory and practice, service integration has been heralded as a singular strategy for reforming the human service system. It has been regarded as capable of affecting all components of the system's infrastructure, as well as extending these infrastructural reforms to effect changes in the lives of children and families. In contrast, we posit that while service integration is an integral component of human service reform, it is not the only piece necessary to effect lasting change for the system and for the individuals who use it. Systemic reform, therefore, seems best achieved through the partnership of several distinct, complementary movements. In addition to service integration, we regard movements that focus on advocacy, outcomes-based accountability, and quality as integral to the advancement of this nation's human service system.

ADVOCACY MOVEMENTS

Advocacy movements play a crucial role in promoting and sustaining reform efforts through the mobilization of public and political support. Advocacy for specific service integration initiatives and projects, or for the advancement of a service integration agenda in general, can provide critical support to these efforts. However, the potential for broad-based systemic reform appears optimized by the existence of a more broadly defined advocacy movement — one that is focused not on service integration per se, but on the well-being of children and families.

An advocacy movement that is complementary to, but independent of, service integration efforts is able to make numerous contributions to the reform process. First, independent advocacy movements remain broad-based, and are able to tackle a host of child and family issues. As a result, they can encourage broad-based support for service integration initiatives and contribute to their inception. Second, as evidenced in preceding chapters, service integration efforts are more commonly launched out of concern for child and family welfare than out of a commitment to specific integrative strategies. Independent advocacy movements can promote the connection between systemic reform and a broader child and family agenda, increasing service integration's political potential. And, finally, in a climate of increased attention to service integration as a vehicle for economy and efficiency, independent advocacy movements can keep service integration efforts focused on the human purposes of systemic reform.

In a climate of increased attention to service integration as a vehicle for economy and efficiency, independent advocacy movements can keep service integration efforts focused on the human purposes of systemic reform.

In conceiving of an advocacy strategy, it should be noted that there are two types of advocacy movements that can effect systemic reform: targeted advocacy efforts and broader consciousness-raising advocacy efforts. Targeted advocacy efforts involve concentrated action to effect change in terms of legislation, policies, or funding allocations. Consciousness-raising efforts work to influence general public will, promoting attention to child and family issues and illustrating the role of government in effecting change.

OUTCOMES-BASED MOVEMENTS

As discussed in preceding chapters, the results of systemic reform are composed of two elements: systemic accomplishments and human outcomes. While the specification of targeted accomplishments has been identified as one of the six elements of comprehensive service integration, we acknowledge that it is more difficult for service integration efforts to target human outcomes. Outcomes specification is challenging in service integration for a host of reasons, including the reality that child and family outcomes are impacted by a number of factors beyond systemic changes, and the lack of research paradigms that link human outcomes with service integration strategies (see Chapter Thirteen).

We suggest, therefore, that while outcomes specification and outcomes-based accountability are crucial to the success of systemic reform, outcomes-based movements will be most effective when they exist independent of service integration efforts. Outcomes-based movements have the potential to engender broad-based support for systemic reform, and for service integration efforts specifically. Outcomes-based movements can serve as a rallying point for reform efforts, fostering collective responsibility and shared vision among the citizens of a state or community. The movements foster increased community "buy-in" and innovative thinking when they encourage individuals and groups to come together and brainstorm their own strategies for meeting human outcomes.

When executed in partnership with service integration efforts, outcomes-based movements also make the connection between systemic reform and positive outcomes for children and families explicit. This connection may lead to increased support for and participation in systemic reform efforts, as funders and community leaders become aware that their investments are being used to meet specific goals aimed at improving the lives of children and families. In short, although outside the realm of direct systemic reform, outcomes-based efforts can play an important role in improving human outcomes and in garnering support for service integration.

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QUALITY MOVEMENTS

Service integration efforts attempt to increase the quality of the human service system through their attention to the system's infrastructure. Integrated programs, services, and funding streams, coordinated professional development and regulation, all contribute to the increased effectiveness and quality of human services. However, service integration efforts are not designed to address programmatic content (i.e., the quality of actual programs and services). Thus, in some instances when poor quality programs are integrated, they remain poor quality programs, even if they are more accessible, more abundant, or more equitably distributed.

As a result, service integration efforts should continue to focus on quality improvements through infrastructural reforms, but an independent quality movement is also necessary. Such a quality movement is able to address the content of programs, programmatic policies, and professional development in child and family services. Multiple, allied quality movements are also important within each human service domain, to create and promote quality standards for each field. As across-domain service integration reforms take hold, quality movements will also need to create definitions of quality that apply to more comprehensive programs.

The existence of these other reform movements that act as partners in systemic reform does not diminish the importance of service integration's role in effecting broad-scale change. Service integration and the mind set it fosters become even more important in the context of multiple reform movements. As previously noted, service integration has the potential to become internally fragmented, creating a series of disjointed initiatives. Similarly, states and communities have the potential to create multiple systemic reform strategies that act in isolation from one another and fragment the potential for human service reform. The integrative mind set is therefore crucial to the success of partnerships between service integration and other reform movements. Whether they focus on service integration, advocacy, outcomes-based accountability, or quality-enhancement, systemic reform efforts and initiatives should be conceived in keeping with the comprehensive nature of their work.

The existence of these other reform movements that act as partners in systemic reform does not diminish the importance of service integration's role in effecting broad-scale change. Service integration and the mind set it fosters become even more important in the context of multiple reform movements.

Implications for Action

Each of the previous sections — six elements of comprehensive service integration, the process of systemic reform, and service integration's partnership with allied movements — discusses factors that directly affect the creation, implementation, and evaluation of service integration and systemic reform. The bulleted statements below extend our findings into specific implications for action. While we realize that there are many people that make service integration work, we note in particular considerations for practitioners, policy makers, and researchers.

PRACTITIONERS

Practitioners are those involved in delivering or administering services directly to children and families. They play an integral role in the implementation of service integration initiatives, especially through their participation in client-centered and program-centered strategies.

Practitioners should consider the following:

- Building collaborative relationships with other service providers, both within and across domains.
- Strengthening their relationships with policy makers, and state and local leaders.

- Identifying ways to actualize and sustain state-local highways.

- Fostering broad-based involvement (from consumers, the private sector, and the media) in service integration efforts.

- Fostering advocacy within service integration initiatives as well as creating an independent, allied advocacy movement.

- Collaborating on the establishment of professional development and training opportunities that span disciplines.

- Developing "best practice" definitions of quality programs, both within each human service domain and across domains.

- Maintaining a focus on the "big picture" of systemic reform; incorporating each new project or initiative into the existing landscape of services or activities.

POLICY MAKERS

Policy makers are those involved in the inception and construction of service integration initiatives, at the federal, state, and local levels.

Policy makers should consider the following:

- Fostering within-domain integration in every human service field.

- Implementing strategies through which within-domain initiatives might be incorporated into an across-domain agenda.

- Drawing strategies from more than one of the four approaches (client-centered; program-centered; policy-centered; organizationally-centered).

- Discerning ways that strategies from different approaches might be used to facilitate each other.

- Ensuring that service integration activity is occurring at both the state and local levels and that this activity is commensurate with each level's purview, responsibilities, and expertise.

- Using state level personnel, funds, and resources to support local level initiatives.

- Determining ways to overcome barriers to integrated service delivery, such as isomorphic boundaries across different human services, or differential capacities of rural and urban communities.

- Creating specific mechanisms that allow the state to communicate regularly with localities and facilitate local efforts.

- Developing specific mechanisms that allow localities to communicate with the state and articulate local issues and concerns.

- Creating statewide (as opposed to pilot) initiatives in order to promote equitable distribution of funds and services across the state.
- Incorporating parents and consumers as experts, informants, and consultants during different stages of service integration efforts including planning, implementation, and evaluation.
- Involving the private sector (nonprofit and for-profit) through membership on integrative councils, advisory bodies, and commissions; collaborative funding stipulations; consulting; government contracts; and public relations campaigns.
- Creating deliberate strategies for media involvement, including: highlighting promising efforts and successes; establishing partnerships with public broadcasting stations for more in-depth, thoughtful media coverage; and cultivating relationships with individual reporters.
- Specifying targeted accomplishments of service integration efforts.
- Engaging existing initiatives in the ongoing change process; forging new connections with old efforts instead of eliminating them to make way for new ones.
- Creating movements that focus on advocacy, outcomes, and quality, both within service integration initiatives and as independent allied efforts.

RESEARCHERS

Researchers include those who study and evaluate service integration initiatives and make recommendations for future efforts. Researchers can play a critical role in maintaining progressive, but realistic expectations for service integration and systemic reform.

Researchers should consider the following:

- Studying service integration initiatives longitudinally, as opposed to cross-sectionally.
- Developing a set of indicators for successful service integration efforts to be used in the implementation of initiatives.
- Investigating linkages between systemic accomplishments and human outcomes.
- Investigating the effect that service integration has on the quality of services; specifically, the effect of integrating high-quality programs with low-quality programs.
- Examining the cost of conversion from a system of conventional service delivery to a system of integrated service delivery.
- Conducting a comparative study of service integration efforts across domains.

Conclusion

A developing strategy for systemic reform, service integration is coming of age despite a history of political, ideological, and practical obstacles. In the future, service integration will play an increasingly vital role in shaping the landscape of human service delivery throughout the nation. It is our hope that many of the considerations discussed in this report will be incorporated into future efforts, thereby advancing research, policy, and practice around service integration.

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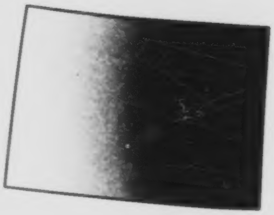
APPENDIX I
CASE STUDIES

THE STATE OF COLORADO



Introduction

Colorado's efforts to create more integrated and comprehensive services for young children and their families occur through four primary initiatives, all of recent vintage: the State Efforts in Early Childhood Management Team; the Department of Education Early Childhood Management Team; Health and Human Services Restructuring; and Family Centers. Both Health and Human Services Restructuring and the Family Centers were born out of the state's participation in the Policy Academy on Families and Children At-Risk and the state's resultant Strategic Plan for Colorado's Families and Children, which was fostered by First Impressions.

The State Efforts in Early Childhood Management Team (SEEC) is a coordinating team composed of senior level managers concerned with the well-being of young children prenatal to 8 years of age. Its members come from the Colorado Departments of Health, Education, Social Services; the Division of Mental Health; the Office of State Planning and Budget; First Impressions; and the former Commission on Children and Families. SEEC, which is led by the Executive Director of First Impressions — Governor Roy Romer's early childhood initiative — works to coordinate and plan strategically around programs and services for young children.

The Early Childhood Management Team (ECMT) is part of the Colorado Department of Education. Born out of the state's creation of the Colorado Preschool Program in 1991, ECMT problem solves the ways in which human and financial resources can be pooled so that the needs of young children designated at-risk can be addressed more holistically and be provided in a more integrated fashion. ECMT is composed of Department of Education staff members who are held accountable for monitoring the implementation of the state funded Colorado Preschool Program and for overseeing the use of CCDBG and federal funds targeted for programs serving young children at-risk.

Colorado's Health and Human Services Restructuring is the result of House Bill 93-1317 — the State Restructuring Bill — which passed in the 1993 state legislative session. The Restructuring is viewed as a catalyst for remodeling and reforming the state's service systems and the way in which the state's bureaucracy relates to local services. Organizationally, related programs will be collocated to facilitate coordination. House Bill 94-1005 — considered by many to be a companion bill — passed during the 1994 legislature. This legislation provides for the creation of a local restructuring process centering around the administration and delivery of human services. How this local initiative will be coordinated with other service integration efforts such as the Family Centers is yet to be determined.

Colorado's first Family Centers were approved as pilot programs by the state legislature in 1992. Family Centers are intended as vehicles for developing centralized, community-based locations for the provision of an array of services. They are also expected to forge supportive relationships between families and public systems.

These four primary service integration initiatives are supported by several other state efforts, the most prominent of which is First Impressions. First Impressions was created in 1987 as the Governor's early childhood initiative. Its primary agenda is to build public awareness about the critical importance of the first five years of life. Chaired by Colorado's First Lady, First Impressions is housed in the Governor's Policy and Initiatives Cluster and operates within the Governor's Policy and Initiatives Office. Its four-member staff is advised by a 29-member, state level advisory council appointed by the Governor.

First Impressions often serves as an incubator for new initiatives. Family Centers, for example, were initially nurtured in First Impressions, as was the planning process that led to the creation of the Office of Child Care, which is now part of the Department of Social Services. Colorado is one of 22 states to receive a Head Start Collaboration Grant, which is housed in First Impressions. The Head Start Collaboration focuses on improving Head Start's role in the policy development process at the state and local level; increasing coordination with private, local, and state-funded early childhood programs; and enhancing the availability of quality early care and education.

First Impressions, in conjunction with the Colorado Children's Campaign — a statewide children's advocacy group — also seeks to build a grassroots constituency for children's issues. The intent of these advocacy efforts is the creation of a formal Movement for Children that spans the state and aims to attract legislative and bureaucratic attention to the needs of children. These advocacy efforts add special fervor to Colorado's service integration initiatives.

Finally, interpersonal relationships and practices of inclusion are highly valued in Colorado. Every initiative within the state is accompanied by a council that seeks broad and diverse representation. There is strong conviction that effective, lasting change takes place only when there is broad-based, local commitment and citizen involvement in the change process.

Overview of Service Integration

Efforts to achieve service integration in Colorado are occurring both within the domain of early care and education and across early care and education and other human service domains. The Family Centers represent efforts at across-domain service integration; for example, several Family Centers have created linkages between parent education and child abuse prevention programs. The recent relocation of the administration of Family Centers from First Impressions to the Department of Social Services is seen as an important symbolic move, integral to the goals of Health and Human Services Restructuring.

Colorado's integration efforts within the early care and education field, however, are of longer duration. At this point in time, a significant press for service integration within early care and education emanates from the Early Childhood Management Team in the Colorado Department of Education. ECMT is pooling federal dollars to serve low-income children in more holistic ways and to facilitate cross-training opportunities for early childhood educators. In addition, the State Efforts in Early Childhood Management Team — with its forthcoming white paper defining its mission and responsibilities — is viewed by many to be the future locus for the state's most substantive and enduring service integration efforts.

As evidenced by the efforts described, state level initiatives provide the primary impetus for service integration in Colorado. At the same time, strong, independent community-based efforts have served as demonstrations for what the state can and should be supporting. The school-based initiative in Leadville, the Echo Interagency Council in Freemont, and Family Resource Schools in Denver have each provided effective illustrations of community-based service integration and have been touted as viable models to state legislators. Both the school-based initiative in Leadville and the Family Resource Schools in Denver have demonstrated how public schools can serve as a hub for the coordination of multiple social services. The Echo Interagency Council — which began in response to the need to coordinate services for children with special needs — provides a promising example of community agencies and institutions transcending their institutional boundaries to link their services and resources to serve the needs of young children.

At the state level, long established relationships among key players have positioned them to seize opportunities for the state's involvement in service integration. As expressed by one of these players, "We were fast, focused, and flexible and recognized the themes that we could grab." These same key players continue to provide important glue for Colorado's efforts. Internal advocates for Health and Human Services Restructuring, in turn, hope that their efforts will formalize state level service integration. In addition, they aim to effect a more flexible and responsive relationship that is both top-down and bottom-up between the state and Colorado's local communities (counties).

Colorado's efforts to integrate services are directed at three levels: programs, policy, and organizations/bureaucracy. Family Centers are the locus for service integration at the program level; legislators, in particular, are hopeful that Family Centers will promote "one-stop shopping." Interest in this concept served as the basis for a new policy thrust for the state, as has legislation creating state funded preschool programs for 4-year-olds at-risk. This program — called the Colorado Preschool Program — provides the programmatic core for the policy work of the Department of Education's Early Childhood Management Team. Finally, Health and Human Services Restructuring focuses on organizational integration, striving to reorganize bureaucratic relationships at the state level and between state and local services.

The state's support for service integration is not accompanied by strong financial support, however. Neither SEEC, nor the integrative efforts of ECMT receive state funds. Health and Human Services Restructuring has been mandated without the provision of additional resources, and all the state's dollars for the Colorado Preschool Program go directly to school districts for direct services. No state dollars are available for their administration or their integration with other early care and education programs and services. Although Family Centers were approved by the legislature in 1992, they will receive state financial support for the first time beginning in Fiscal Year 1995.

The government sector propels service integration in Colorado, though the nonprofit and for-profit child care sectors are consistently invited to participate, and consumers are encouraged to be part of the Family Center and Colorado Preschool Program Advisory Councils. Private sector involvement has been more limited and seems to be localized to Denver. Denver's business council has been a vocal advocate for the Colorado Preschool Program, and individual businesses have provided financial support for different initiatives. In addition, First Impressions helped form the Employers' Roundtable on Work and Family Issues in 1989 to identify the level of employer involvement in child care and create strategies to increase involvement. One outcome of this work is a Directory of Metro-Denver Employers' Involvement in Work and Family Programs and Policies. Another is the establishment of a sixteen-member business consortium that has worked with the Governor's Office to establish an early childhood care and education center in Denver's Central Business District.

Context

DEMOGRAPHY/GEOGRAPHY

Colorado is a state of 3.4 million people. It is divided east and west by the Rocky Mountains, said to split the state into two distinct cultures. The eastern part (the front range) — which includes Denver, Boulder, and Colorado Springs — is more populated, while the west is more desolate. The mountain range makes travel difficult, time consuming, and expensive. Horizontally, the state is split in three, with the south generally having the greatest influx of immigrants and poverty, the middle band being fairly affluent, and the top being middle income.

At the same time, Colorado is home to a number of ski resorts which constitute their own political constituency. The high standard of living in resort areas often skews attempts to create acceptable averages for issues such as state reimbursement levels for child care subsidy. There is also a

"Denver thing" — a perception that Denver is a primary beneficiary of state government support and that the needs of rural communities, in particular, are slighted.

PROGRAMMATIC HISTORY

Prior to Governor Lamb's administration (1974 to 1986), Colorado manifested little sense of responsibility to young children. Resistance to federal programs, even when they came with dollars, predominated because federal programs were thought to be tied to additional regulation and greater expense. For example, Colorado fought participation in Part H — the federally mandated infant-toddler component of early childhood special education services — and once passed, Part H remained the state's only financially supported early childhood program until the passage of the Colorado Preschool Program in 1991.

However, during his administration, Governor Lamb spurred attention to young children by creating the Council on Children. Chaired by one of Colorado's most prominent early childhood advocates, the Council on Children attempted to raise citizen awareness about young children and their needs. While the Council's clout was insufficient to fully redirect the state's commitment toward children, its efforts laid the foundation for later work undertaken by Governor and Mrs. Romer.

ECONOMY

Colorado is alternately characterized as a "boom" or "bust" state. Although the current economy seems healthy — in large measure due to the influx of the telecommunications industry — the state remains fiscally conservative. In 1992, the legislature passed Amendment I, which places a cap on government spending for social services. Under Amendment I, annual spending is restricted to a 6 percent increase over the previous year's budget; any additional allocations must be approved by a public referendum vote. Passage of Amendment I is playing a significant role in the availability of new program dollars; it is also a driving force for the state's Health and Human Services Restructuring, which is seen as a vehicle for creating enhanced economic and bureaucratic efficiency at the state level. The State Restructuring Bill includes a provision for any dollars saved by restructuring to finance direct services, thus enabling the state to serve more clients without expending additional revenue. Amendment I reflects the conservative nature of the state; even though the state has revenue in excess of costs, the citizens of Colorado have chosen not to spend it.

POLITICS

The state legislature has been dominated by conservative and moderate republicans since the mid-1970s. The democratic Governor, who is up for re-election, is considered a moderate. The legislature is strong and often dominates state decision-making, although the Governor has a great deal of political power.

The tension between state and local control is intense and is a major variable in Health and Human Services Restructuring. Initially, the State Restructuring Bill affected processes at the state level only. Legislation to initiate a similar process at the local level passed in the 1994 session only after considerable negotiation. The debate centered on which level of government would have final authority in determining the shape of a given community's restructuring.

In addition, Colorado's Constitution states that education is under the ultimate jurisdiction of local school districts. Hence, one of the Department of Education's roles is tied to monitoring the extent to which local school districts comply with legislative dictates, as opposed to setting educational policy. The Commissioner of Education is appointed by, and reports to, an elected board and is therefore not responsible to the Governor.

IDEOLOGY

Colorado prides itself on its individualistic, "can do" approach. A conservative strand in the state is manifest in Colorado Springs, where 76 headquarters for organizations representing the religious right reside. The religious community strongly believes that care for children and families should remain in the home and has often opposed government intervention into family life. Although state support for early care and education programs and services has been more forthcoming within the last few years, new programs often have little state financial support.

Service Integration Initiatives

HISTORY

Prior to his inauguration in 1986, Governor Roy Romer and his wife, Bea, knew that they wanted to do something for children during his term. The Governor's Policy Academy Team on Families and Children At-Risk became the rallying point for strategically rethinking the state's system of delivering human and educational services and for coordinating across agencies. The Policy Academy — sponsored by the Council of State Policy and Planning Agencies of the National Governors Association — was structured to enable states to develop a family-focused strategic plan with an emphasis on family self-sufficiency. The Academy also stressed the creation of a service delivery system that was integrated across agencies and oriented toward prevention and early intervention. Colorado's Academy met three times a year during 1989 and 1990, was chaired by two staff members from the Governor's Office, and included officials from state government, local government, and the private sector.

The Governor's Policy Academy Team produced a Strategic Plan for Colorado's Families and Children. The Strategic Plan — which was disseminated for public comment in October, 1990 — identifies five change mechanisms for creating family-focused, preventive, integrated services for Colorado's children and families: (1) a Commission on Families and Children; (2) a families and children's budget; (3) an accountability system; (4) comprehensive Family Centers; and (5) community action plans.

The Commission on Families and Children was formed by executive order in October 1990. It was designed to advise the Governor about the development and implementation of policies and positions on families and children. The commission was specifically charged with envisioning a mechanism to ensure the long-term implementation of a coordinated, integrated, family-centered, prevention-oriented service delivery system. With the passage of the State Restructuring Bill, these responsibilities were shifted to those involved in restructuring, and the Commission was disbanded. The Strategic Plan, then, formed the basis for Health and Human Services Restructuring as well as the Family Centers.

In 1987, the Governor created First Impressions and asked his wife — Bea Romer — to chair it. First Impressions is working to ensure that all children have the opportunity to be "all that they were born to be" by bringing Coloradans' attention to the plight of children.

One of the early accomplishments of First Impressions was the successful passage of the Colorado Preschool Program. First legislated as a pilot program in 1991, the Colorado Preschool Program was born out of the public awareness efforts of First Impressions, including the strategic decision to bring the CEO of Proctor and Gamble to Colorado to underscore the cost effectiveness of quality preschool programs. In 1992, the state legislature reauthorized the Colorado Preschool Program, removed its "pilot" status, and added provisions requiring that the program adopt nationally recognized standards and meet licensure requirements of the Colorado Department of Social Services. This focus on quality was reinforced by Colorado's interest in Goal 1 of the National Education Goals, which states that all children shall begin school ready to learn. The Colorado Preschool Program was seen as a vehicle for ensuring that Colorado's at-risk children receive services that could make this goal a reality.

GOALS

Goals for Colorado's service integration efforts emanate directly from the nine policy goals developed as part of the Policy Academy Team's Strategic Plan. The Strategic Plan for Colorado's Families and Children states that "the goal of family policy is to support, strengthen, and promote successful family functioning and to form strong partnerships between families and private and public systems." Three of the nine policy goals specifically address service integration. These three goals speak to the need to integrate state planning and budgeting to achieve a coordinated service delivery system for families and children, to establish communities as the focus of service planning and delivery for children and families, and to promote a coordinated and efficient service delivery system by establishing a single entry point for access to services. Initiation of the State Efforts Team in Early Childhood Management, Health and Human Services Restructuring, and Family Centers, in particular, reflects Colorado's efforts to actualize these goals. In contrast, the Early Childhood Management Team in the state Department of Education emerged out the Department's attempt to link the Colorado Preschool Program — which was legislated in 1991 — to the Department's other early care and education initiatives.

PROCESS

Colorado's primary service integration initiatives are at varying points in their development. The coordination among these four efforts is still to be defined; many of the state's senior level managers envision the leadership for this "superordinate" integration to reside within the activity of the State Efforts in Early Childhood Management Team.

State Efforts in Early Childhood Management Team

The State Efforts in Early Childhood Management Team was convened in the spring of 1991. The First Lady, chair of First Impressions, called the initial meeting "for the purpose of stimulating discussion about ways in which state agencies could work together to provide more effective and efficient services and programs for young children and their families." SEEC has as its formal mission:

> to support the social, emotional, spiritual, intellectual, economic, and physical well-being of young children and their families by creating a more comprehensive, effective, 'family-centered' service delivery system. This will be accomplished through modeling and increased collaboration between state agencies that influence policy and deliver services to children prenatally through age 8.

SEEC is composed of senior level managers from the state's human service agencies that deliver services or influence policy related to children, prenatal through 8 years of age. Specifically, the group includes representatives from the Governor's Office, the Departments of Health, Education, and Social Services, the Division of Mental Health, the Colorado Children's Trust Fund, the Colorado Community College and Occupational Education System, and the former Colorado Commission on Children and Families. No direct funding is attached to SEEC's work.

Many of the participating managers believe that SEEC's efforts are crucial to the future progress of service integration in Colorado and that its work can transcend inevitable political turnover. If successful, this effort will institutionalize "leadership from the middle" — an approach apparently sanctioned by higher levels of leadership.

A forthcoming white paper, tentatively entitled "Colorado's System of Care for Young Children Pre-Birth to Eight Years of Age," is viewed as the means by which SEEC and its work will be institutionalized. Its focus on early care and education comes from senior management's belief that the early childhood arena provides the best vehicle for effecting systemic change. Development of the white paper is funded by a grant from the Kellogg Foundation to the National Governors Association and "is aimed at reforming Colorado's delivery system of early childhood services and programs." The final draft will describe the current early care and education service system, assess how the system is functioning, target the barriers to creating a more collaborative system, recommend priorities for systems change to achieve identified outcomes, and provide an initial analysis of the cost benefits associated with systemic change. The report's vision for Colorado's young children is derived from the Strategic Plan for Colorado's Families and Children.

The Early Childhood Management Team

The Early Childhood Management Team resides in the Prevention Initiatives Division of the Colorado Department of Education (CDE). ECMT — which meets every three weeks — includes Department of Education staff who are responsible for monitoring the Colorado Preschool Program and for overseeing the federal preschool migrant program, Part H of P.L. 99-457, Chapter 1 of the Elementary and Secondary Education Act, preschool special education, child care, and Even Start. ECMT is advised by a Statewide Advisory Council on the Care and Education of Young Children. The Council includes representation from parents and every sector of early care and education plus the Colorado Interagency Coordinating Council (established pursuant to federal P.L. 99-457. ECMT was created to facilitate cooperation and collaboration among state employees who monitor the provision of the Department's early care and education programs.

The Early Childhood Management Team builds on a strong history of collaboration within P.L. 99-457 and began its work by developing a set of shared principles. This process took eighteen months and has enabled the team to move beyond the boundaries of categorical programs to focus more holistically on children's needs. ECMT's position paper — which was adopted by the state Board of Education in August 1991 — speaks to partnerships with families, quality learning environments for the whole child, and the effective and efficient use of resources.

Members of ECMT problem solve ways in which their designated funding streams can be merged to better meet identified needs. They work to identify issues and solutions across programmatic areas to create a collective viewpoint. Head Start is not represented on ECMT because it is a federally-funded program. However, a member of ECMT is involved with the state

Head Start Collaboration Grant. ECMT members hope that their cross-categorical program interaction provides a model for similar interaction at the community level. Members of ECMT also see their role in fostering cross-sector cooperation. For example, one of the Team members is on the Governing Board of the Colorado Association for the Education of Young Children and has facilitated the joint publication of a quarterly newsletter to provide support, communication, and networking for early educators teaching in the primary grades.

The Early Childhood Management Team grew out of the Department of Education's implementation of the Colorado Preschool Program (CPP). CPP is a state funded, half-day program serving low-income children. It is currently available in 59 of the state's 176 school districts. Participating school districts are required to establish district Advisory Councils with designated representation from schools, the community (including parents), government service agencies, and the private sector to advise district preschool programs.

Soon after CCP's creation, it became evident that the legislative intent to better serve low-income children was being thwarted by the absence of coordination among the state's various early childhood programs. Without any additional administrative funding, the Director of Prevention Initiatives created what is now known as ECMT to develop a common philosophy across the state's early care and education programs administered by the Department of Education. One of the Team's goals is to move beyond the boundaries of categorical programs to focus more holistically on children's needs. According to ECMT's position statement, "It is the policy of CDE to support high quality, developmentally appropriate, family-centered services to all children that value and respect the diversity of individual children and families. CDE commits to the elimination of systemic barriers that impede the positive development of children and their families."

One of ECMT's proudest accomplishments has been the creation, in October 1992, of Quality Standards for Early Childhood Care and Education Services. A joint effort of the Colorado Department of Education and the Colorado Department of Social Services (CDSS), this document is part of the provisions for the reauthorization of CPP. All programs receiving CDE dollars will be required to meet the standards set forth in the Quality Standards document, be licensed by CDSS, and will be encouraged to become accredited by the National Association for the Education of Young Children (NAEYC) or other nationally recognized accrediting organizations. During the 1992-1993 school year, all funded sites were expected to apply for licensing from CDSS. By the year 2000, all school districts and community sites receiving CDE funding for preschool services will be required to meet the Quality Standards, and all sites that choose to will receive nationally recognized accreditation.

To assist communities in meeting these standards, a new pool of dollars has been subcontracted to the Colorado Foundation for Children and Families — an independent foundation (see Accomplishments). Communities are being asked to identify professional development needs that will enable their early care and education programs to meet the new standards. The standards are drawn from the NAEYC accreditation requirements and the "best practices" for early childhood special education programs. Additions to NAEYC's standards include increased emphasis on a family-centered approach to early care and education and on community collaboration and coordination in the use of resources. The Quality Standards effort was originally a SEEC project that ECMT has been asked to facilitate. Both SEEC members and ECMT staff hope that this new initiative sends the message that early childhood professional preparation is an interagency effort.

Health and Human Services Restructuring

Colorado's Health and Human Services Restructuring reflects the need for the state's human service system to change the way in which it does business if it wants to promote systemic coordination and integration at the service level. Presented in 1991, Senate Bill 215 represented the first state effort to reform human services in almost 20 years. Although this bill did not pass, concern regarding the appropriateness of the state's service system lingered and, in 1992, the Human Services Cabinet Council convened a group to look at the feasibility of introducing another legislative proposal for restructuring in 1993. This decision was based on the conclusion that human service restructuring at the state level was necessary in order to promote systemic coordination and integration at the local level.

The recommendations of the participating work groups resulted in the State Restructuring Bill, which received legislative approval in 1993 with the support of the powerful Joint Budget Committee — the appropriations committee of the state legislature. Since passage of the State Restructuring Bill, a nine-member transition team composed of members from the Departments of Social Services, Health, and Institutions, and chaired by the former chair of the Governor's Policy Academy, has been planning implementation of the legislation's mandate. The Department of Education is not affected by restructuring because the Commissioner of Education reports to an elected board.

Under the sponsorship of Health and Human Services Restructuring, extensive training is being planned for state level staff to promote the concept of service integration. The hope is that collocating and/or integrating programs and funding at the state level will serve as a catalyst for similar changes in communities. Faith in this possibility is not shared by all state employees, but those overseeing the change process believe restructuring will institutionalize service integration. Leaders of Health and Human Services Restructuring believe that integration of services will affect both program and policy levels: case managers will span many human services; their work will be supported by integrated state departments; and they will be held accountable to standards that reflect the integrative approach. As expressed by one person heavily involved in the process, the "moves are calculated to induce a new culture."

Changes will be phased in over a six-month period beginning July 1, 1994, and will be monitored by a legislative oversight committee. The existing departments of Social Services, Health, and Institutions will be reconfigured into a new structure of three departments: (1) The Department of Human Services — which includes direct services that function at the state level, (2) The Department of Public Health and Environment — which includes public health services such as Early Periodic Screening Diagnosis and Treatment and family health; and (3) The Department of Health Care Policy and Financing — which includes the payers for publicly funded health care and life support services. It is hoped that this reconfiguration will contribute to systemic reform and highlight policy areas that would most benefit from financing reform.

Colorado's Strategic Plan, the state's changing financial circumstances, and the passage of Amendment I provided the impetus for Health and Human Services Restructuring. One state respondent explained, "The continued state budget crisis makes it unlikely that funding sources will keep pace with the increasing demands of health and human services and emphasizes the need to reduce costs by creating efficiencies with the intent that the savings be reinvested in services." The legislative mandate to restructure at the state level, however, comes with no additional staff or funding.

House Bill 94-1005, passed during the 1994 legislature, mandates that restructuring also occur at the local level. Communities are to designate local interagency committees to create community plans for the integration of human services and to identify, for the state, barriers to the implementation of plans. Local plans must focus on serving the needs of consumers and include input from all affected parties. Additionally, local plans must conduct community needs assessments, analyze existing local agency plans and community strategies, foster local collaboration efforts, and identify strategies, objectives, time lines, outcomes, and evaluations.

Family Centers

Family Centers were recommended in the Strategic Plan for Colorado's Families and Children as the vehicle for providing a family-centered service delivery system at a central community location. Specifically, Colorado's Strategic Plan states that Family Centers are to be "collaborative efforts to provide comprehensive, intensive, integrated and community-based services to families at-risk. They will serve as single points of entry for services." The concept of integrated services through neighborhood-based family centers originated in a subcommittee of the former Commission on Families and Children. Representatives from government departments and programs joined in the planning. A total of $195,000 was earmarked for planning grants to eight communities for the initial development of Family Centers.

This money was obtained from federal Block Grant funds from the Colorado Departments of Education, Health, and Social Services; the Division of Criminal Justice; the Governor's Job Training Office; and Communities for a Drug Free Colorado. The project was placed under the auspices of First Impressions in December 1992, when a member of the Governor's Office staff was assigned to work on the Family Center project full time. Early in 1994, responsibility for the Family Centers and the Family Center Coordinator was relocated to the Department of Social Services.

Family Centers are currently in operation in eight locations across the state. The eight sites were selected from a pool of proposals submitted as part of a statewide request for proposal process that included three, two-day technical assistance sessions. Selected sites were given varying amounts of dollars to fund a six-month planning and implementation period. Each participating community was required to establish a planning committee composed of a school superintendent or principal of a local school, an elected official, a business representative, a service provider, and at least two potential parent users.

During the six-month planning period, community teams completed a community needs assessment, initiated community organizing and development activities, reviewed other successful models, analyzed community problems and strengths, identified a project coordinator, and completed a comprehensive plan. The community's plans were required to address a wide variety of areas, including: early care and education, school-age child care, substance abuse prevention and intervention, disabilities, maternal and child health, delinquency prevention, mental health, and job training.

A statewide Advisory Council appointed by the Governor is charged with monitoring program implementation and advocating program expansion. In addition, a Family Center Council has been formed, composed of team leaders from each of the eight sites. This council meets bimonthly to share information and provide support, give feedback for self correction at both the state and local levels, serve as a coordinating function, work on issues of common concern, and communicate with the state Advisory Council.

The Governor, as part of his recommended budget for 1995, requested that the Joint Budget Committee earmark funds to double the number of Family Centers. Initially, the Joint Budget Committee eliminated the line item request, but after receiving more than 200 protest phone calls (initiated by the Colorado Children's Campaign and the Movement for Children) the day following the vote, the Committee provided the Family Centers with the funding requested. This decision will sustain existing centers, support the development of new ones, and bring, for the first time, state funds to the initiative.

As part of its effort to empower parents, Parents as First Teachers — an initiative that originated in First Impressions and is now located at the University of Colorado — provides training to staff and volunteers on Family

Center Advisory Councils. Funded by U.S. West, training focuses on the importance of being family-centered and respectful of parents, and on ways to assist parents in becoming more effective advocates for their children. A new initiative intended specifically for parents is in the development phase.

The Center for Health Ethics, Policy, and Human Investment — also at the University of Colorado — is engaged in a one-year evaluation of the Family Centers' effectiveness. Funded by the Ford Foundation, the evaluation is focusing on the extent to which the Centers do, in fact, provide a mechanism for more effective and efficient delivery of services, on the impact of the Centers on children's well-being and families' abilities to care for themselves, and on the impact of collaborative governance structures. At least one local leader felt the required representation of professionals on the local Advisory Councils minimized true community input by alienating families and redirecting planning to the interests of professionals rather than the community.

Accomplishments

Service integration efforts in Colorado are prevalent and discrete accomplishments are definitely in evidence. These bode well for future achievements, as does the intense commitment of senior level managers and other early childhood advocates.

FUNDING

The Colorado Foundation for Children and Families is a private and independent foundation, which has as its mission to serve the public sector. The Foundation's board is composed of two senior managers from every relevant state agency plus private citizens, including lawyers, physicians, and one parent. The vision is of an independent, private partnership that supports the efforts of state government to work on behalf of children and families and to fill in the gaps when state dollars are cut. It will also try to assist in the evaluation of programs and to designate appropriate awards and honors. At the Foundation's inception, five state agencies contributed $10,000; this $50,000 was then matched by a Casey Clark grant. The Foundation also accepts contract work from state agencies and individual donors.

In addition to the creation of the Colorado Foundation for Children and Families, four pooled funding initiatives have been developed to support the creation of more integrated services for children and more integrated training opportunities for early childhood professionals.

First, the State Efforts in Early Childhood Management Team has asked the Department of Education's Early Childhood Management Team and the Office of Child Care to facilitate the pooling of federal dollars for professional development opportunities so that early care and education programs, regardless of program auspice, can advance toward meeting CDE's new Quality Standards for Early Childhood Care and Education Services. These funds have been contracted to the Colorado Foundation for Children and Families.

Second, ECMT has succeeded in pooling federal dollars for its preschool migrant program, Part H of P.L. 99-457, Chapter 1 of the Elementary and Secondary Education Act, preschool special education, and Even Start with state dollars for the Colorado Preschool Program to holistically address the needs of low-income and special needs children across program settings. These dollars have been pooled with CCDBG funds from Colorado's Office of Child Care in the Department of Social Services. These "quality enhancement" dollars, in turn, have been integrated with the Department of Education's federal dollars in order to actualize the Office of Child Care's commitment to the care and education of young children.

Third, as mentioned earlier, Family Centers are funded with dollars contributed jointly by the Colorado Departments of Education, Health, Social Services, the Division of Criminal Justice, the Governor's Job Training Office, and Communities for a Drug Free Colorado.

Fourth, when the Office of Child Care was created in 1990, child care dollars from JOBS, transition programs, Title XX, and state dollars for children designated at-risk were pooled, transferred to the Colorado Child Care Assistance Program—a new entity within the Office of Child Care—and made available to parents. Now eligible parents can access child care subsidies without having to apply repeatedly as they move in and out of various program eligibility requirements.

TRAINING/PROFESSIONAL DEVELOPMENT

Linked to its main integrative efforts, Colorado has launched several additional initiatives in the arena of training and professional development. These initiatives have increased the availability of training programs, created professional development opportunities across early care and education program auspices, and proposed a coordinated system of professional development.

First, The Early Childhood Professional Standards Task Force — which is housed in First Impressions — was created by executive order of the Governor and convened in December 1991. The chair and Task Force members are appointed by the Governor. Its charge is to construct a career development model that reduces staff turnover and creates incentives for early care and education professionals to advance. The Task Force report, issued in April 1993, focuses on four activities: establishing mechanisms needed to carry out the Task Force recommendations; ensuring that professionals working with young children have the same core knowledge and competencies regardless of program auspice; creating both a seamless, articulated process for early care and education programs in secondary, two-year, four-year, and graduate institutions and a mechanism which bridges non-credit and credit programs; and establishing incentives that will improve salary, benefits, and professional status for early care and education professionals.

The Task Force — which continues to meet monthly — hopes that a Training Clearinghouse and Registry will be created by December 1994. The Task Force also envisions that core requirements will be required of all professionals who work with young children, including, for example, nurses and social workers. However, several respondents have recognized that this initiative involves "some of the toughest turf" and that using state revenue to create incentives for the purpose of enhancing quality or compensation might not be politically feasible.

Second, as noted under funding, the Department of Education and the Office of Child Care are contributing pooled federal dollars to the Colorado Foundation for Children and Families to finance professional development opportunities that will enable early childhood programs, regardless of program auspice, to meet the Department of Education's Quality Standards for Early Care and Education Services.

ADVOCACY

The Colorado Children's Campaign is an advocacy group that addresses a wide range of children's issues. In 1993, with the support of First Impressions, the Colorado Children's Campaign initiated the Movement for Children — a grassroots initiative inspired by a Children's Defense Fund (CDF) Meeting in March 1993. The Coloradans who attended the meeting "were very moved by CDF's use of both spiritual and political messages to communicate an agenda and build momentum toward a national movement for children and families." This movement has taken hold in Colorado. All the state's major organizations — including the religious and business communities — have become involved in the Movement for Children; advocates hope to create a large grassroots constituency for children and families that will provide the momentum for change. A notable accomplishment of the Movement for Children — mentioned earlier — was a successful protest against legislative attempts to excise funding Family Centers. Overall, a total of almost nine million new dollars have been allocated to prevention-oriented child and youth programs in 1994 as a result of the Movement for Children.

PUBLIC AWARENESS

First Impressions has made impressive strides in increasing the public's awareness of and commitment to children and families. The Community Forums on Children and Families were one of First Impressions' early efforts. As chairperson, the First Lady worked with communities across the state to focus citizen attention on the conditions of young children. Presently, the First Lady is spearheading a similar effort around the state's Head Start Collaboration Grant, encouraging members of the early care and education community to work together across traditional program boundaries.

REGULATION

As a result of ECMT's Quality Standards for Early Childhood Care and Education Services for programs funded by CDE, child care programs in public school settings will be subject to the same regulations as non-public school early care and education programs. Although this mandate is generating considerable resistance from public schools, staff from the Office of Child Care (in the Department of Social Services) and Prevention Initiatives (in the Colorado Department of Education) have remained steadfast because of their commitment to quality.

DATA COLLECTION/UTILIZATION

First Impressions helped launch a system of resource and referral services in the state and continues to provide financial support even though resource and referral services now function independently. The statewide resource and referral system works to collect information that enhances the state's awareness of its child care needs.

CONSUMER INFORMATION

As part of a consumer awareness campaign sponsored by the Department of Social Services, child care information (as well as information about other government services) will soon be available in locations around the state on touch-screen kiosks through a pilot project called InTouch Colorado.

In addition to this state level initiative, local communities are also engaging in consumer information efforts. One of the state's Family Centers has created a single application and process of eligibility screening for ten agencies. Since the agencies are coordinated through a computer network, consumers can access the information at any site. The information is then transmitted electronically to other agencies, thus eliminating both the reapplication process and the lag time in determining program eligibility.

EQUITABLE DISTRIBUTION AND ABUNDANCE

The creation of Family Centers has increased service abundance, equitable distribution, and accessibility for Colorado's families, especially in rural parts of the state.

QUALITY

The efforts of the Office of Child Care and the Early Childhood Management Team to support community capacity to comply with the Quality Standards for Early Care and Education Services bode well for increased program quality.

Key Issues

Many of Colorado's significant accomplishments are the result of the close and long-standing relationships among its state public and private leaders. To assure the permanence of the state's gains, Colorado may need to move beyond personal relationships and institutionalize its collaborative linkages — while sustaining the personal ties that humanize the system. A significant element of this challenge will be determining how to align the beliefs of those who think "people make it happen" with the beliefs of those who place their faith in institutional restructuring.

The state's financial commitment to children and families remains limited. Given the restrictions Amendment 1 places upon financing new and existing state programs and services, Colorado will need to become more creative with its own dollars, as well as those available from federally-funded programs, to ensure that its children and families are well served. As the impact of Amendment 1 increases, it may be necessary to find common ground between those who advocate service integration as a vehicle for creating efficient, cost effective services, and those who advance service integration as a means of achieving their vision of coordinated and comprehensive services to improve child and family outcomes.

At this point in time, mechanisms providing necessary linkages between state and local activity in Colorado have yet to be developed. Colorado's Health and Human Services Restructuring is intended to create more equitable distribution of power and decision-making authority between the state and local communities. The state may want to focus its energies to ensure that this laudable goal is achieved.

Finally, although certain human service efforts in Colorado focus on all children, the service integration efforts discussed in this report focus mainly on children and families identified as at-risk. To fully achieve its family policy goal "to support, strengthen, and promote successful family functioning," Colorado may need to move its service integration efforts beyond a focus on prevention to a focus on the optimal functioning of all of Colorado's families.

THE STATE OF FLORIDA

Introduction

Florida's efforts to integrate services for young children and their families take a number of forms, the most notable being four initiatives identified as units of analysis for this study: The State Coordinating Council for Early Childhood Services (part of Chapter 411: the Florida Prevention, Early Assistance, and Early Childhood Act); the Prekindergarten Early Intervention Program; Blueprint 2000: A System of School Improvement and Accountability; and Florida Full Service Schools. Though each differs somewhat in mission and origin, these initiatives have become increasingly linked in the effort to integrate services throughout the state.

The State Coordinating Council (SCC), created by the Florida legislature in 1989, is an independent, nonpartisan advisory body charged with ensuring "coordination, communication, cooperation" and maximum use of resources among state and local agencies serving preschool children (from birth to 5 years of age) and their families, at-risk pregnant women, and teenage parents. In meeting this mission, SCC focuses largely on the integration of programs and services provided by the Department of Education and the Department of Health and Rehabilitative Services, as well as on the integration of councils and services operating at the local level. Since its inception, the work of the State Coordinating Council has included oversight of the Joint Strategic Plan of the Departments of Education (DOE) and Health and Rehabilitative Services (HRS); technical assistance visits to counties to enhance the coordination of local programs and agencies; and recommendations to the legislature, including the creation of a single state agency and a unified budget for Florida's early care and education system.

The Prekindergarten (Pre-K) Program — residing in the Department of Education's Office of Early Intervention and School Readiness — was established in Florida Statute in 1986 to provide high quality early education to at-risk 3 and 4-year-olds (i.e., those eligible for the free lunch program). The program is designed to foster integration within the early childhood field through the following provisions: Pre-K plans for each school district must be developed by the school board and a District Interagency Coordinating Council including representatives of private and subsidized child care and Head Start; Pre-K Programs are encouraged to contract with existing early care and education services in the community; and Pre-K Programs are required to collaborate with other early care and education services, sharing waiting lists of at-risk preschoolers.

Blueprint 2000 was passed by the Florida legislature in 1991 and is currently being implemented by local School Advisory Councils throughout the state. Blueprint 2000 decentralizes responsibility for school reform and requires every school in Florida to carry out its own school improvement plan — based on specified educational goals — in partnership with parents, businesses, and cross-disciplinary state and local agencies and organizations. The main push for service integration in Blueprint 2000 comes through the first of its seven stated goals — National Education Goal 1, the school readiness goal — which focuses on the need to provide comprehensive, linked services in order to prepare children physically, emotionally, socially, and developmentally for school entry. In meeting Goal 1, schools are required to report formal collaborative agreements with local HRS districts and other community players.

Full Service Schools — originally created in Florida Statute (with no funds attached) during Governor Martinez's administration in 1990 — were revived and funded for implementation in 1991. Full Service Schools are family-centered programs that integrate education, medical, and social services on school grounds to make comprehensive support easily accessible. The schools are overseen by the Interagency Workgroup on Full Service Schools, consisting of state level representatives from the Department of Education, HRS, the Department of Labor and Employment Security, and the Governor's Office — all of whom work to help local schools integrate services and provide a continuum of care. During the 1993-1994 school year, Full Service Schools were funded in 42 of the 67 school districts throughout the state. While not focusing specifically on young children, some Full Service Schools do include early care and education services. In addition, Full Service Schools typically are open to the surrounding community, so that the families and the younger siblings of students attending the school can easily benefit from the integrated services provided on site.

As each of these initiatives has developed, connections between them have enhanced the state's work to integrate services for young children and their families. Partners in Full Service Schools, for example, have solidified their commitments through the collaborative agreements required by Blueprint 2000. Blueprint 2000, in turn, has moved closer to meeting its goals due in part to the development of Full Service Schools. Some Pre-K Programs in the state have been set up on Full Service School sites. The State Coordinating Council has supported and helped to develop each of these efforts, becoming intimately involved, for example, in writing Goal 1 of Blueprint 2000.

As an independent advisory body, the State Coordinating Council has initiated and spun off ideas that have led to other important integrative efforts in the state. Through the establishment of an Early Childhood Workgroup involving representatives from SCC, Head Start, DOE, HRS, and the Florida Children's Forum, the State Coordinating Council spurred the development of an Early Childhood Collaboration Plan designed to promote accessible, high quality early childhood experiences for all of Florida's low-income children and their families. One of the main elements of the plan focuses on coordination and sharing of resources, which has been addressed through the newly implemented Collaborative Partnership Project emanating from the

Department of Education. Initiated in 1993, the project provides grants for local activities that improve the coordination of school-based services (such as the Pre-K Program), Central Resource and Referral Agencies, Head Start grantees, and other, non-public programs. Activities that have drawn grants include interagency service agreements, the addition of comprehensive services, co-funding, and joint recruitment/intake/waiting list systems.

In addition to the four main initiatives outlined above, their connections, and the newer integrative initiatives they have fostered, other forces in the state have also contributed to service integration. Though they will not be discussed in full, these efforts warrant introduction, as they represent important areas to consider in taking service integration to scale throughout the state. To begin, a Healthy Start program for at-risk pregnant women and infants was implemented by Governor Chiles in 1991 with the goal of decreasing infant mortality and providing comprehensive, integrated support to enhance the development of children. Healthy Start is overseen by a state advisory committee and run by local councils, which have worked to coordinate and collaborate with other councils at that level, including District Interagency Coordinating Councils and the district Health and Human Service Boards created in the 1991 reorganization of HRS.

Other energy in the state has centered around the Pew Initiative, which funded the planning stages for two Florida communities working toward systemic change. A central component of the plan developed in Pinellas county involved streamlining intake and eligibility for a breadth of services, including housing, child care, food stamps, and Aid to Families with Dependent Children. Unfortunately, the Pew sites were not funded for implementation, but it is hoped that much of Florida's plans can be carried out with new federal Family Support and Preservation funds.

In addition, Florida has maintained its system of Community Coordinated Child Care (4C) Projects established in the 1970s, which are now termed Central Agencies. Twenty-five Central Agencies (many of which are resource and referral agencies) exist throughout the state. These agencies are overseen by the HRS District Children and Families Program Office and administer all HRS subsidized child care funds — including CCDBG, the Social Services Block Grant, Title IV-A, and general revenue. The fact that all of the federal and state child care funds are administered by one office in HRS at the state level and by central agencies at the local level is seen as a key first step toward service integration. Given that the Central Agencies are responsible for large pools of categorical funds, they have come to the table in many counties — through the Collaborative Partnership Projects, for example — to work toward service integration. More recently, the central agencies have added another component to their work — the provision of child care resource and referral services for all families, regardless of income. Established in 1989, the Child Care Resource and Referral Network is administered by the Florida Children's Forum at the state level, with subcontracts to the local central agencies.

Finally, Florida has the benefit of another localized system which has contributed to service integration efforts — Children's Services Councils (or Juvenile Welfare Boards). These councils — appearing in six of Florida's 67 counties—are created through local ordinances to raise tax revenue earmarked for the provision of child and family services. At least seven additional counties have established Children's Services Councils as independent districts without millage authority, and at least seven more counties have operating councils that are not independent special districts. The first council was created as the Juvenile Welfare Board in Pinellas County in 1947. Councils were developed later in other counties due to permissive state legislation in 1990. The Children's Services Councils have a history of enhancing coordination and integration of local services through funding stipulations that require collaborative agreements or collocation, for example.

OVERVIEW OF SERVICE INTEGRATION

Florida's main service integration efforts focus on coordinating services across a variety of different domains — including health, elementary and secondary education, welfare, and early care and education — though the state also strongly emphasizes integration within early care and education. The across-domain focus is apparent in the State Coordinating Council's recommendations, which center not only on early care and education, but also on child and family health and teen parent education. Emphasis on across-domain integration is also evident in the mission of Full Service Schools and in Blueprint 2000's call to meet Goal 1 through collaborative agreements between players such as HRS, public libraries, and medical practitioners. On the other hand, the state's focus on integrating services within the field of early care and education is also strong, manifest in the Early Childhood Collaboration Projects and in the Pre-K legislation encouraging programs to contract with existing early care and education services, share waiting lists, and plan through Interagency Coordinating Councils involving representatives from different sectors of early education and care.

Florida's four main integrative efforts are accompanied by state level administration, but significant responsibility for planning and implementation is devolved to the local (meaning county) level. The Pre-K Program, Blueprint 2000, and Full Service Schools all have separate local planning councils responsible for executing the programs/legislation. These local planning councils have a great deal of flexibility in structuring their approaches to accommodate local circumstances. The State Coordinating Council does not have specified local counterparts, but, as previously stated, is responsible for promoting the coordination of the various county councils that exist throughout the state. SCC carries out this responsibility mainly through policy recommendations to the legislature and county technical assistance visits.

Service integration also occurs at the local level independent of state initiatives — through the Children's Services Councils, for example. Another example of independent local motivation is the work of certain counties, such as Alachua and Pinellas, to coordinate intake, eligibility, and funding for Head Start, Pre-K, and subsidized child care. These efforts began before incentives were provided through the Collaborative Partnership Projects. Florida is characterized by both strong state and local impetus for integration, with connections between the two levels due to new programs, legislation, and incentive grants becoming increasingly prevalent. There is a sense in the state that broad-scale integration of child and family services could not be realized without this multi-level impetus and commitment.

Both state and local integration initiatives share a common central focus on the consumer. Most initiatives work toward the ultimate goal of increasing service accessibility, efficiency, affordability, and quality for the benefit of the consumer. Beyond this central theme, the focus of integration differs slightly among initiatives. Certain efforts concentrate largely on integrating and coordinating services through policy. The State Coordinating Council, for example, made a recommendation to the 1994 legislature (which remains unpassed) to consolidate all early care and education programs in one state agency and to create a unified early care and education budget. Blueprint 2000, through its requirement that Goal 1 be met by formalized collaborative partnerships, is also attempting to effect integration through policy. Alternately, Pre-K and Full Service Schools are more programmatic in orientation, focusing on linking programs to create one-stop shopping, family service centers, or consolidated intake and referral.

In spite of some differences in focus, service integration efforts in Florida are similar in that they occur mainly in the government sector. Though the state's four main initiatives have provisions for business and private sector involvement (mainly through planning councils and service partnerships), such engagement is not always required in these efforts and has only been achieved to a limited extent. For example, the legislation for the Pre-K Program "encourages" (rather than requires) contracting for services with private and for-profit providers, but in most school districts programs have been administered by the public schools. As a result, the number of children being served through contracts has remained below 20 percent.

Beyond informal stipulations for private sector involvement, the business sector contributes to state and local efforts mainly through volunteer time and supportive position statements. Interestingly, minimal private sector involvement in service integration efforts is accompanied by the reality in Florida that a large proportion of children's services (especially services for children from birth to 3 years of age with special needs) are provided through the private sector. This situation has caused a certain degree of public/private tension around service integration in the state.

Context

DEMOGRAPHY/GEOGRAPHY

Many have noted that Florida is a primarily rural state; however, more than 80 percent of the state's population lives in its fifteen urban centers, characterized by expanding ethnic populations. One advocate stated that in Dade County alone there are representatives of close to 140 ethnicities. In terms of population, Florida is one of the fastest growing states in the nation, currently containing more than 13 million people. Though Florida is known for its large elderly population due to its popularity as a retirement spot, the state currently has more children under the age of 18 than adults over the age of 62. The population of children from birth to 4 years of age increased by 53 percent in the 1980s, giving Florida the second fastest growing birth-to-4 population in the country.

PROGRAMMATIC HISTORY

Florida has a history of limited attention to young children and their families, which contrasts with the current reality of the state's expanding child population. Until the 1970s, when Title XX money was brought to the state, Florida had very little involvement in early care and education. Florida was the last state in the union to institute child care licensing (1974). Around the mid-1980s, however, demographic changes highlighted the necessity of providing for the growing number of at-risk children in the state, leading Florida to create Chapter 411, the Pre-K Program, and the Child Care Advisory Council — all precursors to Florida's current efforts to integrate services for children and their families.

ECONOMY

Currently, Florida's economy is relatively healthy, though several recurring problems with the state's economic structure have made it difficult to maintain an adequate state budget. First, Florida does not have a state income tax and relies instead on property tax, sales tax, and fees. This severely limits the state's tax base as well as the state's ability to draw down federal funds. Second, Florida relies heavily on tourism for revenue, so when the tourist industry suffers, the state budget immediately falls.

Unemployment figures in Florida are relatively high. In 1991, there was a 7.3 percent unemployment rate, up from 6 percent in 1985. Other factors, such as Hurricane Andrew, which devastated many communities and caused homelessness and poverty, have also affected the economic situation of the state. Perhaps the complexity of Florida's economic picture is best exemplified by statistics showing that the state ranks nineteenth in the nation in terms of per capita income, but forty-fifth in terms of key indicators of children's health and well-being.

POLITICS

Florida has been characterized as a moderate to conservative state with contrasting political pockets on the Gulf Coast, the East Coast, and the Panhandle. Historically, the state has been primarily democratic, electing democratic leaders such as the current Governor, Lawton Chiles. Governor Chiles has expressed somewhat unprecedented interest in and support of young children and their families, manifest primarily in his push to establish Healthy Start. Up for re-election in November 1994, Chiles will be competing with a number of strong republican candidates who may not continue his support of children and families if elected. Finally, Florida's legislature meets annually, with the senate currently being exactly half republican and half democrat, and the house roughly one-third republican and two-thirds democrat.

IDEOLOGY

The state's ideological makeup as a whole does not support strong attention to and intervention for young children and their families. Many in the state see child care and family services as parental responsibilities that should not be brought into the public domain. Adding to this, there is a perception that the elderly population of the state is not sensitive to issues affecting young children, since they have already raised families and do not wish to revisit such issues as they retire. The main concerns of Floridians, both reflected in and influenced by the media, seem to center around crime, juvenile justice, and punishment. Finally, Florida is a strongly evangelical state, which may account for the emphasis on familial versus governmental responsibility for children.

Service Integration Initiatives

HISTORY

The history of service integration in Florida, longer than that in many other states, is characterized by an interesting evolutionary process — a series of permutations of councils and initiatives followed by the birth of new efforts based on common principles and missions. Throughout this history, service integration in Florida has been supported and fostered primarily by key legislators, agency/department heads, child advocates, and several Governors.

Part of the heritage of service integration in Florida lies in its Central Agencies — locally based organizations that consolidate and allocate early care and education funds flowing from HRS. Established in the 1970s as 4C Projects, which often grew into resource and referral agencies, Florida's Central Agencies have remained strong for several decades, serving as important and sustained coordinating mechanisms within the field of early care and education.

With some coordination already occurring in early care and education, a nucleus of early childhood advocates coalesced in Florida in the mid 1980s.

Their advocacy represented a reaction to a number of child care crises — such as abuse and neglect — being publicized throughout the state and the nation as a whole. Responding to these crises and the vocal child advocacy community, Governor Graham (1979-1986) set up the Child Care Advisory Council in 1985, charging it with responsibility for advising HRS on general child care issues and maintaining authority on matters of child care regulation and licensing. The Council, legislatively convened, consisted of fifteen members appointed by the secretary of HRS.

Almost simultaneous to the inception of the Child Care Advisory Council, the creation of pilot sites for the state Prekindergarten Program — to be funded through the lottery — was being discussed. A former senator introduced the program to the legislature and later oversaw its implementation in her position as Commissioner of Education. Many early care and education advocates objected to the idea of creating an entirely new program for at-risk preschool children and argued that lottery funds should be used to expand the state's subsidized child care program, contract with private providers, or enhance Head Start. The legislature passed legislation in 1986 to place the Pre-K Program in the Department of Education. The issue of program duplication was addressed by the inclusion in the Pre-K legislation of language encouraging contracting for services with private and subsidized providers and Head Start.

In its early days, the Pre-K was overseen by the State Advisory Council on Early Childhood Education (informally called the Pre-K Council), which consisted of eleven members appointed by the Governor, Commissioner of Education, Speaker of the House, President of the Senate, and Secretary of HRS. The program began in 1987 with nine pilot sites, was expanded to 64 school districts in 1988, and was implemented in all 67 districts by 1990, which made it the most rapidly expanding and largest state early childhood initiative.

Also in 1986, the legislature passed the Handicapped Prevention Act (Chapter 411, F.S.) with the goal of providing comprehensive, integrated early intervention and assistance to handicapped and at-risk children from birth to 5 years of age. The main push behind the act came from a dedicated legislator and representatives of the Florida Developmental Disabilities Council, who set up a prevention task force consisting of key players from state government and advocates from the child care and disabilities communities. At the time, the disabilities community, with its clear and long held understanding of comprehensive and integrated services, was an important force for setting Florida on the track toward service integration for young children and families throughout the state.

By the late 1980s, the two early childhood councils and Chapter 411 began to seem fragmented and inefficient, with very little collaboration occurring between HRS and the Department of Education. Some discussion ensued about the possibility of creating a single agency for children's services and programs, but the lack of political feasibility of such an endeavor was quickly appreciated. Instead, several members of the house approached both the Child Care Advisory Council and the State Advisory Council on Early Childhood Education — which had evolved into groups with separate meetings but essentially the same members — to see whether they would merge into one council to be created through an amendment to the Handicapped Prevention Act. The chairs agreed, and in 1989 the legislature passed the Florida Prevention, Early Assistance, and Early Childhood Act (an amended Chapter 411, F.S.) which created the State Coordinating Council for Early Childhood Services as an oversight mechanism to foster the act's implementation.

The new act had a considerably broader focus, centering on better coordinating the work of the Departments of Education and HRS, integrating services for at-risk pregnant women and parenting teens in addition to services for young children and their families, and creating a unified budget for prevention and early intervention programs throughout the state. However, due to a prevalence of membership from the repealed Child Care and Early Childhood Education Councils, the State Coordinating Council was at first considered mainly a day care council. The disabilities community was especially concerned with this limited focus, since simultaneous to the revision of Chapter 411, the state slowed its pace toward full implementation of Part H of federal Public Law 99-457. Members of the disabilities field were granted representation on the State Coordinating Council, however, and the amended Chapter 411 also required that the SCC hold joint meetings twice yearly with the Florida Interagency Coordinating Council for Infants and Toddlers. As a result, tension surrounding the focus of State Coordinating Council began to fade.

During its early years, the State Coordinating Council felt relatively strong support from the Governor, the legislature, the Commissioner of Education, and the Secretary of HRS. Offices of Prevention, Early Assistance, and Child Development — required in Chapter 411 — were securely established in the Departments of Education and HRS, and the Council successfully carried out some of its primary duties, including the creation of a Joint Strategic Plan for prevention and early intervention. Recently, however, due to changes in leadership, agency restructuring, and generally decreased broad-based state level commitment, the Council has been somewhat hindered in its work.

Having harnessed much of the momentum of the early child advocacy and service integration efforts in Florida, the State Coordinating Council went on after its inception to serve as a strong force behind the development of new integrative initiatives in the state. In 1991, the legislature passed Blueprint 2000 — which was initiated by the Commissioner of Education, the Governor, and key leadership in both the house and senate. Responding to national attention to educational reform and to the growth in the state of the number of students who were disabled, who spoke languages other than English, and who were economically disadvantaged, the Commissioner and the Department of Education strove to develop a statewide school improvement plan for implementation by the year 2000. From the outset, Blueprint 2000 had a clear focus on service integration and coordination at the local level, as well as on comprehensive services, prevention, and early intervention. The State Coordinating Council was intimately involved in the planning process for Blueprint 2000, and helped to maintain the legislation's integrative and preventive focus in large part through writing Blueprint 2000's Goal 1.

Full Service Schools — also capturing the spirit and the goals of the State Coordinating Council — were authorized by the legislature the same year (1991). The former Commissioner of Education again served as the instigator behind the legislation, retrieving the Full Service School concept from a past educational bill and working toward its implementation through legislative approval and appropriations.

GOALS

One of the most frequently stated goals of Florida's service integration efforts is to provide a "continuum of care" to all children and families in the state, meaning a service system that links programs and assistance across fields to meet diverse child and family needs in the most efficient and accessible manner. This goal is most clearly represented in the mission statements and the work of the State Coordinating Council and the Florida Full Service Schools. It also comes into play in other areas, including the Pre-K Program's mission to link different sectors of early care and education, and in Goal 1 of Blueprint 2000 — in which comprehensive services and shared responsibility for the provision of such services are recognized as critical factors in readying children for school. "Prevention," "early assistance," and "child development" (included in the working title of Chapter 411) are well understood terms in the state, and Goal 1 seems to have become a fulcrum around which integration efforts revolve.

Another overarching goal of service integration efforts in Florida is to develop the continuum of care not through strict statewide mandate, but through a process of local planning and community engagement of diverse players in order to tailor service systems to local need. This process is encouraged, supported, and bolstered by incentives and legislation from the state level and carried out mainly through local coordinating councils such as the Pre-K Interagency Coordinating Councils or the School Advisory Councils that are part of Blueprint 2000.

A third general goal of service integration efforts in Florida is to be inclusive; to work toward integration of services for all children and families, as stated earlier. Though the legislation for certain key initiatives in the state — including SCC and the Pre-K Program — focus mainly on at-risk children and families, Florida has crafted a broad definition of at-risk. Characteristics believed to put a child at-risk include: being a victim of child abuse and neglect; being a child of teenage, developmentally delayed, or drug abusing parents; graduating from a perinatal intensive care unit; surviving a catastrophic illness or an accident resulting in developmental delay; being disabled; being the child of migrant farm workers; and living at or below 100 percent of the federal poverty level. Due to limited resources in Florida (and perhaps to reluctant state support of universal assistance), the state has committed to serving children meeting these criteria first; however, there is an understanding among those in the service community, at least, that service integration can and should benefit all children and families, whether or not they are at-risk. Efforts have been made to cater to all children and families, through emphasis on "all" in reports produced by the State Coordinating Council, and through the openness of the Full Service Schools, for example.

PROCESS

The State Coordinating Council

The State Coordinating Council consists of 30 members appointed by the Governor, the Commissioner of Education, the Secretary of HRS, the President of the Senate, and the Speaker of the House. Members are targeted to provide representation from the following areas: disabilities, business, parents, public schools, pregnancy prevention, training in early childhood education, subsidized child care, private child care providers, pediatric health care, prenatal and maternal health, Head Start, parent education, migrant farm workers, community action, evaluation, and assessment. Council members may serve two three-year terms, meaning that SCC will soon experience a turnover of most of its original members who were said to be dedicated, visionary individuals with considerable influence and close connections to key leaders. In order to facilitate the successful implementation of new leaders, SCC has developed an orientation process for new members focusing on the Council's mission, history, and current issues.

Because it is an independent body, SCC moves from the Department of Education to HRS every other year, and with each move it is staffed temporarily by senior level managers in these departments. The two departments were required at the outset to craft a memorandum of agreement on matters concerning SCC including staffing, staff roles, conflict resolution, and interdepartmental relations. In spite of this agreement, many on SCC see the biennial shift in staffing as detrimental and have proposed the funding of a permanent staff person who would move back and forth with SCC to the departments every other year.

Another structural problem faced by the State Coordinating Council relates to the creation of Offices of Prevention, Early Assistance, and Child Development within both DOE and HRS. These offices, mandated through Chapter 411, are designed to serve as parallel structures for the facilitation of inter- and intra-agency planning, policy, and program development. In July 1993, however, due to substantial departmental reorganization, the

Office of Prevention was dissolved into HRS, leaving SCC with no formal representation there.

Given SCC's reliance on the Department of Education and HRS for administrative staff and support, it has a relatively small budget of $77,500, which is financed through an annual state appropriation. These funds are used mainly to cover contracting for research and reports as well as travel expenses and child care costs incurred by Council members during meeting periods. The State Coordinating Council meets every two months and holds additional biennial meetings with the Florida Interagency Coordinating Council for Infants and Toddlers. SCC is directed to report annually to the nominating agents listed above and to undergo a third party evaluation conducted annually by the University of Florida. Beyond this responsibility, the Council is autonomous and has been described as the "conscience," the "superego" operating outside of the Departments of Education and HRS.

In terms of strategies used for service integration, SCC has focused on structural reorganization (in its recent recommendation to consolidate all early care and education services in one state agency), unified budgets, collaboration (in some cases fostered through incentive grants), joint planning amongst agencies and programs, contracting for services, cross-training of child and family service personnel, and standardized application/referral/intake. SCC has supported most of these strategies through legislative recommendations such as a move to strengthen the contracting provisions in the Pre-K legislation, through endorsement of new initiatives and projects such as Full Service Schools and Blueprint 2000, and through advice to agencies and programs given in local technical assistance visits.

Prekindergarten Program

The Florida Prekindergarten is managed by the Department of Education's Office of Early Intervention and School Readiness and is administered in all 67 school districts throughout the state. Each school district must present the state with a Pre-K plan — delineating such variables as program budget — determined by the school board and a District Interagency Coordinating Council. Designed to bring together diverse players in order to extend collaboration and integration beyond the Pre-K Program itself into the broader early care and education field, the District Interagency Coordinating Councils are required via legislation to include representatives of the following programs and groups: subsidized child care; private child care; Head Start; Pre-K Handicapped; and parents. District Councils hold regularly scheduled meetings to discuss issues related to the care and education system in their communities, and to decide whether or not, as encouraged in the Pre-K legislation, their programs will contract with already existing early care and education programs.

As mentioned earlier, in spite of legislative encouragement of contracting, the majority of Pre-K Programs throughout the state have remained in public schools. Currently, there are 807 Pre-K Programs, 599 of which are school-based and 208 of which are contracted out to private providers or Head Start grantees. Thirty-seven school districts operate their programs solely at school-based sites, eight districts contract fully with local providers, and 22 districts offer a combination of contracted and school-based programs.

The plans developed by local school boards and District Interagency Coordinating Councils must be approved by the Commissioner of Education. Beyond this approval, a staff of eight Department of Education employees provides technical assistance to the school districts as they implement their plans. Each district, in turn, has a Pre-K supervisor who oversees district activities. In some cases, the Pre-K supervisor assumes the role of facilitator for the Interagency Coordinating Council; other Councils elect officers, and some have created a subcommittee structure. However, the leadership for the Pre-K Program is strongly based in education, causing some in the early childhood field to feel that in certain districts the program has remained isolated in its own domain.

Administrative differences related to regulation and staff qualifications have not helped to dispel such feelings. For example, Pre-K Programs housed in public schools fall fully under the jurisdiction of the Department of Education and are not subject to HRS licensure. Additionally, while the Pre-K legislation mandates that lead teachers in the programs have a minimum of a CDA credential (as is now required in all early care and education programs by HRS) or its equivalent, some school districts require that Pre-K teachers in both school-based and contracted programs be certified by the state to teach early childhood education. Such differences create barriers that need to be addressed in attempts to integrate early care and education services at the local level.

Florida's Pre-K Program is funded through lottery enhancement funds to be used for education. In the Fiscal Year 1993-1994, the program was allocated $63,072,527 to serve 19,000 children statewide. In 1992, Florida received permission to use Pre-K funds as a state match for child care under Title IV-A, but this process has not yet been fully achieved. In addition, as authorized in the Pre-K legislation, the Department of Education has used Pre-K funds for an Enhancement Grant Program to Head Start grantees. In 1991-1992 the Department provided $6 million and in 1992-1993, $3 million to raise the quality of Head Start services in the state.

Thus, the service integration strategies used in the Prekindergarten Program center around sharing of resources within the early childhood field, interagency planning, contracting for programs, and, as also encouraged in the legislation, sharing of waiting lists and the provision of comprehensive services.

Blueprint 2000

Passed in the legislature in 1991 and approved by the State Board of Education in October 1992, Blueprint 2000 is now in the early stages of implementation throughout the state. The implementation process has been guided by the newly created Florida Commission on Education Reform and Accountability, an independent state level commission responsible for making recommendations to the legislature and the Board of Education regarding the components and the development of a successful school improvement and accountability system. Commission members appointed by the Commissioner of Education, the Governor, the President of the Senate, and the Speaker of the House of Representatives include: three senators; three representatives; four teachers; three parents; three business representatives; three school administrators; a testing expert; and a college of education dean. The Commission is co-chaired by the Lieutenant Governor and the Commissioner of Education.

Since the goal of Blueprint 2000 is to bring responsibility for school improvement and accountability down to diverse agencies, organizations, and constituents at the local level, the design and implementation of school improvement plans occur amongst multidisciplinary partners in school districts and individual schools. District school boards are responsible for establishing a School Advisory Council for each school, approving school improvement plans, and monitoring and reporting school progress to the State Board of Education and the Commission on Education Reform and Accountability.

The School Advisory Council is the unit that actually creates and carries out each school's collaborative plan for improvement and accountability. Encouraged in the legislation to engage diverse stakeholders, School Advisory Councils include teachers, parents, and students, as well as representatives from local HRS districts, post-secondary education, the business sector, and community organizations. Such community members are nominated by the local school.

Blueprint 2000 is seen as a reorientation of schools, so the initiative is not accompanied by new funds. Rather, the legislation requires the redirection of state educational resources to assist school districts, schools, and collaborating multidisciplinary partners in carrying out their plans. The legislature has recognized that supplemental financial support may be needed for new developments not easily covered by current budgets — such as training, assessment, and technology — but such funds have not yet been provided.

The main strategies for integration advocated by Blueprint 2000 include community engagement and contractual collaboration between a continuum of agencies, organizations, and programs. Goal 1 and several other goals put forth in Blueprint 2000 require formal collaboration between "HRS, other governmental agencies, public libraries, and medical practitioners, whereby the needed services can be provided." Schools and districts that fail to reach such collaborative agreements are reported to the State Board of Education and the Florida Commission on Education Reform and Accountability.

While collaborative agreements under Blueprint 2000 are formulated around specific goals, they are also designed to meet designated objectives accompanying those goals. Under Goal 1, for example, the provision of comprehensive services, coordinated information and referral, and the development of Full Service Schools are stated as primary objectives in readying children for school.

FULL SERVICE SCHOOLS

The Florida Full Service Schools are facilitated jointly by the Department of Education's Office of Interagency Affairs, and the Department of Health and Rehabilitative Services' Office of Family Health Services with the goal of integrating health, education, and social services on school sites. A state level Interagency Workgroup on Full Service Schools — composed of personnel from the Department of Education, HRS, the Department of Labor and Employment Security, and the Governor's Office — provides technical assistance to the school sites. Each Full Service School, in turn, is overseen by a Community-based Planning Committee made up of the collaborating partners who vary according to local need.

The concept and the process of developing Full Service Schools is intentionally left open due to the understanding that no one model can serve every community. The main legislative requirement is that "Full Service Schools must integrate the services of the Department of Health and Rehabilitative Services that are critical to the continuity-of-care process." Consequently, schools in different communities involve a variety of collaborative partners including, but not limited to: representatives of education, health services, mental health and substance abuse, employment, vocational education, child care, recreation, social services, parents, and students.

Funding for Full Service Schools originates from operations grant programs within the Departments of Education and HRS and from a capital outlay appropriation from DOE. In 1993, the HRS grant was $9.4 million, the Department of Education grant, $6.3 million, and the public education capital outlay, $16 million. As of May 1993, 134 Full Service Schools were funded through the Department of Education, and 203 schools were funded through HRS.

Full Service Schools seek to integrate services for families and children of preschool, elementary, and high school age mainly through a programmatic one-stop shopping model — the provision of comprehensive services at a single site. As with Blueprint 2000, community-based planning and responsibility are also integral to the Full Service Schools initiative.

LOCAL EFFORTS

Florida's main service integration initiatives have clear connections to the local level, with most efforts devolving prime responsibility for planning and implementation to county and community agencies, organizations, and citizens. Local councils — such as the Pre-K District Interagency Coordinating Councils, the Blueprint 2000 School Advisory Councils, and the Full Service School Community-based Planning Committees — have brought together representatives from a variety of domains and have served as essential enabling mechanisms for service integration in Florida.

As mentioned earlier, however, in some counties local involvement in service integration extends beyond and has often preceded such state initiated efforts. Alachua County's historical efforts to integrate Head Start, subsidized child care, and the Pre-K Program, and Pinellas County's establishment in 1947 of the Juvenile Welfare Board to fund and later coordinate local child and family services have been widely recognized and have prompted the development of such efforts on a broader scale throughout the state.

Such exemplary counties have also launched some smaller, less recognized initiatives that are integrating services at the local level. Pinellas County, for example, has forged a partnership between the housing authority, the Coalition for the Homeless, local community colleges, and vocational schools to set up a housing project linked into comprehensive services. Called Pinellas Village, the housing community provides single parents with services such as child care, parent support and education, and counseling for a period of five years; the requirement is that the residents receive a college degree and work toward self-sufficiency.

Such independent local initiatives, combined with state emphasis on community engagement and planning has led to a proliferation of service integration initiatives at the local level. A given county (in this case Pinellas) can have any of a number of coordinating bodies including: a Pre-K Interagency Coordinating Council; a School Advisory Council (Blueprint 2000); a Children's Services Council or Juvenile Welfare Board; a local HRS board; a Local Interagency Community Collaboration Project; a Healthy Start Prenatal and Infant Care Coalition; an Interagency Committee on Planning and Evaluation (a council convening all of the county's key social service funders); an Early Childhood Council (focusing on comprehensive services for children with special needs); a Pew Initiative planning group; a Central Agency (subsidized child care); and a number of early care and education professional development groups. Indeed, leaders in such counties claim that their strength in terms of high motivation and involvement is also their weakness; they constantly face the issue of how to coordinate the many service integration efforts that exist. In short, one of the main issues faced by committed counties is how to "coordinate the coordinating councils."

Pinellas County, with an unusual quantity of such councils, has sought to foster coordination through its Success-By-Six initiative — a collaborative effort between local businesses, education, and social services to improve children's readiness to learn. Several leaders in the county have proposed that Success-By-Six — a relatively new and neutral initiative with substantial business support that could prove conducive to collaboration and integration — act as an umbrella agency bringing together all of the county's coordinating councils.

Other challenges faced by local counties in integrating services include heavy work loads and minimal time to devote to service integration activities, the difficulty of moving from discussion to action, and the task of developing and maintaining effective relationships with state level leaders and administrators.

Accomplishments

While most accomplishments of Florida's service integration efforts are not yet fully tangible, positive changes related to the state's provision of services for young children and their families have certainly been apprehended. First, leaders and service providers involved in service integration claim that people from a variety of domains are more accustomed and dedicated to collaborating and planning for service integration and have formed strong personal connections to facilitate such work. Second, the legislature has shown strong commitment to preventive, integrative initiatives such as the Pre-K Program, which received a 47 percent increase in funding in the 1994 legislative session — a session otherwise dominated by concerns with juvenile justice and crime. Finally, bold recommendations to consolidate all early care and education programs in one state agency and to streamline their application, intake, eligibility, and funding have been persistently presented to the legislature. Beginning with a representative in 1993, and continuing with the State Coordinating Council the following year, these proposals have not yet passed; however, the office of the Auditor General is currently engaged in a study related to the feasibility of such a plan.

While general changes due to service integration efforts in Florida are apparent, accomplishments in the specific areas delineated below are perhaps more concrete. Such accomplishments may represent the "beautiful moments" in one respondent's description of the service integration process in Florida: "It reminds me of Wagner's music; it has some beautiful moments and some terrible half hours."

FUNDING

Alachua County has succeeded in integrating funding for many of its early childhood services, including Head Start, Pre-K, Even Start, Full Service Schools, and its National Head Start Family Service Center. Similarly, another local county (Pinellas), has moved forward in the area of funding by using its own dollars provided through the Juvenile Welfare Board to draw down supplemental federal dollars, including Title IV-A funds. Other innovative funding efforts in the state include the Pre-K Enhancement Grants provided to Head Start, and Department of Education incentive dollars supporting integrative funding activities through the Collaborative Partnership Projects, and the Full Service Schools. Overall, initiatives in Florida have given substantial attention to the integration of funding streams, though most efforts in this area are currently confined within the early care and education field rather than across early care and education and other domains.

TRAINING/PROFESSIONAL DEVELOPMENT

Recent legislation (1991) in Florida requires that by August 1995 there be a caregiver with a CDA credential or the equivalent for every 20 children in each licensed child care facility throughout the state. Since one of its functions is to ensure the quality of services to preschool children, the State Coordinating Council has shown strong support of this legislation and has worked toward its implementation by advocating to keep CDA assessment fees low, to secure training for CDA representatives, and to establish multiple CDA-equivalent programs throughout the state.

Alongside this legislation, a multidisciplinary group including representatives of the State Coordinating Council, the Department of Education, the Education Standards Commission, HRS, and the University of South Florida Institute for At-Risk Infants, Children, Youth and Their Families has established basic competencies and certification for teachers serving children from birth to 8 years of age. Two certificates are currently being developed: one with a preschool education specialization from birth to 4 years of age, and another with a pre-k/primary education specialization (3 to 8 years of age). Training for these certificates will be pre-service and will focus in part on preparing teachers to work as a team with professionals from other disciplines such as health and social work.

ADVOCACY

The State Coordinating Council has functioned as an important advocacy group focusing on interagency collaboration, local council coordination, structural reorganization, community engagement, shared responsibility for readying children for school, and a number of other areas through which service integration for young children and their families might be achieved.

Other prominent advocacy groups, such as the Florida Center for Children and Youth and the Clearinghouse on Human Services, have done much to improve the quality and supply of child and family services in the state but have not focused directly on service integration. The State Coordinating Council has been cited as the main entity that has served to make the integration of services more than a "feel good" issue in the state.

Other groups, such as the Florida Children's Forum, have been important advocates for increases in funding for child care. The Forum sponsors the annual Children's Day celebration in conjunction with the State Coordinating Council members and the Head Start Directors Association.

REGULATION

Currently all child care in Florida must be licensed, and family day care must be registered. Child care regulation, however, is relatively recent in the state, having first been implemented in 1974. Certain local counties were more advanced and received state permission to license child care facilities prior to this date. As a result, current provisions in the state's child care licensing laws allow for counties to exceed state licensing standards if desired.

In spite of child care licensing and registration, as in many other states, regulatory fragmentation has caused tension between private child care providers and Pre-K Programs. Pre-K Programs in the state fall under the Department of Education and are not subject to HRS licensure or registration, as are other early childhood programs. Although many in the field are aware of these issues, Florida's service integration initiatives have not yet fully addressed regulation.

DATA COLLECTION/UTILIZATION

Both Blueprint 2000 and Chapter 411 require data collection to help monitor the participation in and the effects of state programs serving at-risk young children and their families. In keeping with Chapter 411 requirements, work is underway to collect comprehensive information about children and caregivers in Chapter 411 programs — such as the Pre-K and Teenage Parent Programs — through the use of a one page child/student/parent identification form. Data from these forms will be used to demonstrate educational outcomes framed within the context of various sociodemographic variables. In addition, under Goal 1 of Blueprint 2000, schools are required to collect data on the number and percent of free lunch eligible kindergarten children who participated in preschool programs such as Pre-K, Head Start, subsidized, or private child care.

CONSUMER INFORMATION

In addition to the state's Resource and Referral Program, Florida fosters consumer awareness of child and family issues and services by engaging parents in a number of key initiatives. The State Coordinating Council, the School Advisory Councils for Blueprint 2000, the Community-based Planning Committees for Full Service Schools, and the District Interagency Coordinating Council for the Prekindergarten Program all either require or encourage parent involvement. In some cases, however, parent involvement has been difficult to achieve. Full Service Schools in many counties have been challenged in engaging parents not only in planning activities but also in using school-based services. Inventive solutions have been developed to meet this challenge and provide consumer information, including the creation in Pinellas County of a Full Service Schools family resource bus with an on-line data base of the county's child and family services. It is hoped that by bringing such a system directly into neighborhoods, parents will be more effectively involved in the Full Service Schools initiative.

The media in Florida have not been instrumental in providing information and raising consumer awareness around child and family issues. Focusing mainly on crises and isolated negative events affecting children and families in the state, the media rarely cover Florida's innovative efforts and seem to have little understanding of service integration.

EQUITABLE DISTRIBUTION

With the development of state initiatives such as Full Service Schools, the equity of service distribution in Florida has been enhanced. Full Service Schools throughout the state have consolidated comprehensive services at accessible locations open to the entire surrounding community. Efforts are also under way in counties such as Alachua and through the Collaborative Partnership Projects to streamline intake, eligibility, and funding for Head Start, Pre-K, and subsidized child care, therefore ensuring that children in need have a better chance of being served without coming up against categorical barriers.

At the state level, however, recent appropriations may serve to work against such streamlining and equitable distribution of early care and education services. While funds for the Pre-K Program have been dramatically increased and shifted in part to Head Start through the Enhancement Grant Program, subsidized child care has not received such Enhancement Grants, nor has it been funded at a rate of increase anywhere near that experienced by the Pre-K Program. Tension around such funding discrepancies may make integration of these programs more difficult, maintaining a situation in which children of different eligibilities are served at different rates.

ABUNDANCE

While there is some tension around funding increases allocated to the Pre-K Program, this expansion has clearly increased the amount of services available to at-risk preschool children in Florida. While serving only 1,120 children with $1.6 million in 1987-88, the Pre-K Program has expanded to serve 19,000 children in all 67 school districts with a budget of $63 million in 1993-94.

Another service increase in Florida occurred through the establishment of the Healthy Start program in 1991, which has expanded support of at-risk pregnant women and infants throughout the state. The State Coordinating Council, with part of its mission being to raise the supply of services to young children and their families, strongly supported both of these service increases.

QUALITY

Quality has been a central concern of Florida's major service integration efforts, with the State Coordinating Council perhaps being the strongest force for enhancing and investigating service quality, most notably in the area of early care and education services. In addition to supporting the state's new CDA requirement for child care and the early childhood specialization certificates being developed by the Department of Education, the State Coordinating Council produced a 1994 report analyzing the supply, quality, and collaboration of state and federally-funded preschool programs for 4-year-old children at-risk. Specific quality indicators and enhancement efforts applauded by the Council include the Head Start Enhancement Grant Program (used to upgrade facilities, expand service hours, achieve accreditation, etc.) and the relatively high level of staff training and compensation in the Pre-K Program. Subsidized child care, in large part due to its lower funding rates, was found to be lacking in the areas of comprehensive services, training, and staff compensation.

Key Issues

Florida's service integration efforts have developed at a rapid pace over the past decade, leading to a proliferation of initiatives that are now being affected by significant change at the state level. Much of this change is due to a major shift in the leadership responsible for the inception of service integration in the state. As of January 1994, the Departments of Education and HRS were both headed by new leaders not intimately involved in the state's early service integration efforts. This has caused concern about maintaining the balance of departmental commitment to service integration so essential to the success of Florida's initiatives. Particular apprehension centers around the reorganization of HRS, which in July of 1993 resulted in the dissolution of the Department's Office of Prevention, Early Assistance, and Child Development, leaving the State Coordinating Council with no formal structural linkage to HRS.

Due to membership term limits, the State Coordinating Council will experience an exodus of its original members in 1995. There is an articulated concern that many of the instigators of the service integration movement in Florida, armed with strong vision, personal connections, and important links to key department heads and legislators, will have to step down from SCC and wait to see where new energy will lead. Some have suggested that in order to avoid setbacks due to such thorough leadership turnover, attention should be directed at maintaining and solidifying the commitment of legislators. Florida has the benefit of having its four major service integration initiatives — the State Coordinating Council, the Pre-K Program, Blueprint 2000, and Full Service Schools — established in state statute. The stability of such an arrangement could be enhanced by securing long-term legislative commitment capable of outweighing future departmental and SCC leadership changes.

Perhaps more than other initiatives in Florida, the State Coordinating Council has faced the need to reevaluate its role during this period of change. The Council evolved into existence and spurred the development of new initiatives such as Blueprint 2000 and the Full Service Schools at a fast pace. Now, due in large part to new leadership, there is a sense that SCC must re-examine and/or recraft its mission, goals, and strategies in order to move forward. Questions faced by SCC focus on how to bring plans such as its largely inactivated Joint Strategic Plan or its Early Childhood Collaboration Plan to fruition; how to link the proliferation of related initiatives such as Blueprint 2000, Full Service Schools, and the Pre-K Program more intimately together; how to move from an advisory to a strategic role; and how to craft strategies that will lead the state from collaboration and coordination toward true integration of services.

Florida has shown a wealth of commitment, effort, and insight around service integration and has developed a number of promising initiatives. It appears that what is needed now is a force and a mechanism through which the state's multiple service integration initiatives can be fused. Given its historical and statutory base, and given the fact that it has recently undertaken an extensive metamorphosis, the State Coordinating Council may well be the point through which extensive service integration in Florida will occur. However, for the SCC or any other coordinating mechanism to be fully effective, it must be able to negotiate linkages between all of Florida's key integrative efforts.

THE STATE OF INDIANA

Introduction

Indiana has instituted a comprehensive, statewide service integration initiative, legislatively mandated to meet the needs of Indiana's children, from birth to 13 years of age. The initiative — called Step Ahead — marks an innovation in the provision of services to young children and their families. Instead of creating priorities and strategies for service provision at the state level, Step Ahead mobilizes local service providers, agency representatives, and community leaders to identify and address local needs. Local Step Ahead Councils have been created in each of Indiana's 92 counties as agents for collaboration, planning, and mobilization. The state Step Ahead Office supports local collaboration by providing training and technical assistance to local Councils and by acting as a liaison to many branches of state government.

In October 1993, Governor Evan Bayh submitted to the Federal government a State Consolidated Plan, which expands the Step Ahead planning process under an initiative called the Indiana Collaboration Project (ICP). ICP is a state/federal governing partnership within the Step Ahead process that provides for the integration of funding sources, the consolidation of policy and procedures, and the creation of new approaches to service delivery at both the state and local levels. The Indiana Collaboration Project also builds on Step Ahead's creation of local Councils, establishing councils and work groups at the local, state, and federal levels to address barriers to service delivery.

Step Ahead and the Indiana Collaboration Project are not new programs; they are an articulation of a new approach to service delivery. As one respondent noted, "Step Ahead and ICP take advantage of people and positions that are already in place; we're just asking them to behave differently."

Overview of Service Integration

Step Ahead's mission is to provide integrated comprehensive services to Indiana's children, including elementary and secondary education, health, mental health, welfare, housing, and nutrition. However, because the majority of Step Ahead funding has emanated from early care and education, many perceive Step Ahead as primarily an early childhood initiative. It is hoped that the gradual implementation of the Step Ahead process will broaden the scope of Step Ahead and emphasize its more comprehensive focus. The creation of the Indiana Collaboration Project also encourages participation from all social service agencies and extends Step Ahead to include the provision of services to children from birth to 18 years of age and their families.

Step Ahead has strong components at the state and local levels. In Indiana, local involvement is organized by — and is synonymous with — county;

it was decided that county boundaries were easily definable and widely accepted politically. Local level involvement takes place through the Step Ahead Councils — the "operational arm" of the Step Ahead process. These local Councils assess their county's needs, articulate service delivery objectives, and create strategies for collaboration and implementation. The state level Step Ahead Office and staff of six focuses its efforts on developing and empowering local communities through the creation of state level advisory councils and the implementation of training and technical assistance projects. The state's goal is to "provide direction, not directives" to the counties.

Although Step Ahead itself is a planning process, not a direct service initiative, it focuses on changing local service delivery patterns so that local services better meet client needs. Step Ahead makes changes in policy or bureaucracy only to facilitate service delivery plans.

Step Ahead is conceived as a process that includes participation from the government, nonprofit, and for-profit sectors. At present, participation is greatest in the government sector through representatives from state and local agencies.

Although the theory and process of the Indiana Collaboration Project will be discussed below, it is important to note that this initiative is still in the planning stages. In April 1994, Governor Bayh convened a Collaboration Summit — the first face-to-face meeting of federal, state, and local officials involved in the ICP process. Because of the newness of ICP, this case study focuses on Step Ahead, but also considers the future implications of ICP's implementation.

Context

DEMOGRAPHY/GEOGRAPHY

The state of Indiana has a population of 5.5 million people in 92 counties. Across the counties, the population ranges from 797,159 (Marion County) to 5,315 (Ohio County). While four counties have urban centers with populations of 125,000 or more, the majority of the state is rural. Children 12 years of age and younger comprise approximately 20 percent of Indiana's population. In 1992, 25.8 percent of Indiana's children lived in single-parent families, 18 percent lived in poverty, and 12.7 percent were without health insurance.

PROGRAMMATIC HISTORY

Prior to Step Ahead, Indiana had a long history of non-involvement in children's services. Very few state dollars actually went into programs for children; respondents noted that, prior to this initiative, the majority of programmatic progress in Indiana around children's issues had been the result of federal mandates and federal matching requirements. In 1988, the Indiana Legislative

Services Agency cited Indiana as having one of the most fragmented systems of services for children of any state in the nation. Patchwork legislation at both the federal and state levels had left Indiana with a system of more than 200 child and family programs administered by more than 30 agencies.

ECONOMY

Indiana's economic picture was reported as mixed, with respondents suggesting that the state's economy survived through the 1980s and managed to miss the major national recession. However, respondents explained that after the election of Governor Bayh in November 1988, the economy of the state took a down-turn, forcing the Governor to curtail many of his initiatives. Indiana was faced with a $1.1 billion gap in anticipated General Fund revenues during the 1991-1993 biennium. In order to balance the budget and eliminate the state's deficit, the Bayh administration ordered $685 million in spending cuts — the largest in Indiana's history. Bayh's 1994 State of the State Address stressed the fiscal demands of recent years and indicated that the state must preserve its fiscal conservatism and reject deficit spending. There has been no tax increase in Indiana since 1989.

POLITICS

Currently, the Indiana legislature has a republican senate, a democratic house, and the state has a democratic Governor, Evan Bayh. Despite this strong democratic presence, several respondents described Indiana as "republican at heart." Bayh is seen as an anomaly as a democratic Governor, although he is perceived by many as leaning toward the conservative end of the spectrum, as do many house democrats. The Superintendent of Public Instruction is an elected official and is therefore not responsible to or necessarily of the same party as the Governor; both the current Superintendent and her predecessor have been republicans. Indiana has a two-term limit on the office of Governor, so Bayh will not be able to run again in 1996.

IDEOLOGY

On the whole, Indiana is a conservative state, with a strong commitment to the role of the family in providing for its children. Respondents indicated that this attitude was in part responsible for lack of government sector action on behalf of children in the past. In addition, Hoosiers do not favor programs characterized as welfare-related; welfare reform is one of the major efforts in Bayh's 1994 agenda. The state has given a certain amount of attention to public education; the teacher lobby is strong, and Indiana teachers enjoy high public school salaries.

Service Integration Initiatives

HISTORY

Three forces were instrumental in Step Ahead's conception: a strong commitment from Governor Bayh; an insightful and innovative team of state level advisers; and a growing popular concern for Hoosier families. In 1989, the median income of families with children in the top fifth of the pay scale was $70,646, while that of families in the bottom fifth was $8,920. Indianapolis had the highest non-white infant mortality rate of any city of comparable size in the nation, and Indiana had the sixth worst neonatal mortality rate in the country. As one respondent noted, "people were afraid of what was happening to the children and families of Indiana, and they understood that it wasn't just happening to low-income families."

During his campaign for Governor, Evan Bayh brought the problems of Indiana's children and families to the forefront of his agenda. When he took office in January 1989, Bayh established an interdepartmental board of all state agency heads to look at the interrelationships between agencies and the fragmentation of services. In addition to the interdepartmental board, Bayh also convened a group of his own advisors who had both knowledge of and interest in children's issues. Both the Governor and his advisors wanted to create something more than a direct service initiative; an improved quality of life for Hoosier families was to be Bayh's legacy to the state. Step Ahead was the product of this advisory group's work; the group's vision was crucial in the creation and implementation of Step Ahead.

Initially, it was difficult to gain broad-based support for Step Ahead. Many didn't understand the initiative. Some thought it meant giving up control over their programs; some were skeptical about state government's over-involvement; and still others believed that the creation of Step Ahead would decrease money spent on direct services. However, Step Ahead was able to gain the sponsorship of a republican representative with a history of commitment to children and families and, ultimately, bipartisan support. After an arduous legislative battle, Step Ahead legislation marginally passed in July 1991. The legislation established Step Ahead as a process that would "provide financial assistance and other incentives to eligible entities to implement, coordinate, and monitor" programs and services "aimed at serving, assisting, or otherwise benefiting a child."

The state legislature allocated $7.5 million over the biennium for the creation and implementation of Step Ahead. Six million dollars were granted through the consolidation and transfer of three pilot projects — a preschool program, a latchkey program, and a parent education program — from the Department of Education to Step Ahead. The additional $1.5 million was an allocation for the creation of local Councils and for administrative costs.

Although Step Ahead was identified as a Governor's Office initiative, shortly after it was launched it was moved out of the Office so that it could develop as an independent entity. Many people thought that the Department of Education was a logical home for Step Ahead; however, at the time, the Chief State School Officer (a republican) was not a strong ally of the Governor. In 1991, Indiana had restructured its human service agencies and created the Family and Social Services Administration (FSSA) — an agency that combined three divisions, including Human Services, Mental Health, and Public Welfare. The spirit of consolidation and collaboration surrounding the creation of this new agency seemed commensurate with Step Ahead's focus, and it was decided to move the initiative into the newly created Bureau of Child Development in FSSA.

As a result, Step Ahead was forced to contend with the confusion and difficulties associated with the start up of a new agency. There was rapid turnover in the directors of FSSA, leaving the Step Ahead staff adrift amidst the implementation of general agency priorities and often without the support it needed. One respondent stated that this uncertainty set the project back about six months from its expected timeline.

In October 1992, the Director of Step Ahead met with the Chair of the Center on Effective Services for Children to discuss the possibility of extending the Step Ahead process to the federal level. The Chair visited Indiana in January 1992 and met with the Governor, consumers, state officials, local Step Ahead participants, and child advocates. A state level Working Group was convened in March 1993 to create a plan for consolidation and collaboration between all three levels of government. The Governor submitted the Indiana Consolidated Plan for approval in October 1993. The launching of ICP has and will continue to effect changes for Step Ahead. With the creation of Indiana Collaboration Project in 1993, Step Ahead was removed from the Bureau of Child Development and now reports directly to the Secretary of FSSA.

GOALS

The goal of Step Ahead is to create a collaborative planning process sensitive to the needs of local counties and consistent with their resources. Step Ahead fosters the replacement of a provider-centered approach to service delivery with a client-centered one; both state and local governments respond to barriers encountered by individual Hoosier families. Ideally, Step Ahead will change the interaction between state and local levels, so that procedural and programmatic impetus is drawn from local need and state policy decisions and regulations both reflect and are responsive to those needs.

The goal of the Indiana Collaboration Project is to extend this responsiveness to the federal level. It is hoped that just as the state level facilitates the collaborative plans of county Councils, the federal level will facilitate state collaborative plans through the consolidation of both funding sources and bureaucratic requirements.

PROCESS

The Local Level

Although Step Ahead is based on local initiative and planning, the state level has provided counties with guidance and support for its implementation. After the legislation was passed, the state Step Ahead Office sent a detailed information packet to each of Indiana's 92 counties, explaining Step Ahead and asking for county participation. To participate, one of four prescribed local entities (the schools, United Way, the county extension agent, or the Community Action Program) needed to convene a group of community service providers and local agency representatives and create a local Step Ahead Council. The state mandated that representatives from the following six county agencies be included in every local Council: the Health Department, the First Steps Coordinating Councils (First Steps Councils were in place in many counties as local interagency coordinating councils for early intervention services, pursuant to federal P.L. 99-457), Head Start, Private Industry Councils, public schools, and the Special Supplemental Food Program for Women, Infants, and Children (WIC). Additional membership on the Councils was to be at each county's discretion, although the state Step Ahead Office provided a list of 34 potential council members, ranging from parent advocacy groups, to city government, to universities, and stressed the importance of "bringing key players to the table".

The state Step Ahead Office requires that leadership of the local Councils be shared among the coordinator — who has administrative responsibility for the Council — the fiscal agent, who receives grants and contracts, and the Council members. The coordinator and fiscal agent cannot be the same person or agency, as a safeguard against conflict of interest. Counties differ in their choice of coordinators — the United Way, the YMCA, the county Health Department, the local school board, among others. Sixty-five of the 92 Councils have named Community Action Agencies as their fiscal agents; other fiscal agents range from school corporations to local foundations.

Once a designated coordinator and fiscal agent are in place, Step Ahead Councils are eligible for a state Step Ahead planning grant to be used to conduct a needs assessment and create a plan of action for addressing the county's needs. Each county was given a base of $5,000 and an additional percentage based on the county's population of children under 6 living below 100 percent of the poverty level. The grants ranged from $5,510 in Ohio County to $98,736 in Marion County. These grants were not competitive; Step Ahead made a conscious decision to implement the process in all counties simultaneously, as opposed to starting with pilot or demonstration counties. Because each county had a reserved allocation, each county was assured a grant as soon as it created a Step Ahead Council.

In conducting its needs assessment, each county was asked to identify what services were currently being provided, where gaps in service delivery were occurring, and what demographics particular to that county were affecting service delivery to children and families. The county was then asked to create a plan of action designed around five primary component service areas: Family Support Systems, Mental Health, Nutrition, Personnel Development, and Educare (the Step Ahead Office defines Educare as "any education and/or child care system that provides services to children aged birth to 13"). Counties were asked to identify long-term goals based on the needs assessments, to create several short-term goals relevant to the long-term goal, and to explain implementation strategies and evaluation criteria for each short-term goal listed.

Short-term goals differ from county to county: "provide drug abuse services in the schools"; "develop and disseminate developmentally appropriate guidelines for Educare providers"; "provide ongoing training for food service personnel to ensure that nutritious, well-balanced meals are available"; and "increase involvement of community resources with schools, First Steps, preschools and day care." Implementation strategies also differ from county to county — some counties stress meetings between agencies and organizations; others distribute specific project responsibilities to individual agencies; others stress the involvement of the state Step Ahead Office for technical assistance; and others stress the importance of legislative lobbying.

Step Ahead planning grants — which assist local Councils with general administrative costs in addition to the creation of the needs assessments and plans of action — are renewed annually. In addition, local Councils receive CCDBG funds, Title IV-A At-Risk funds, and school-age child care start up dollars for drug awareness. These funds are provided to the local Councils though cooperative agreements between their administering agencies and the Step Ahead Office. The prototype for these cooperative agreements was the CCDBG money, which was made available to the states in 1991. It was decided to "funnel the CCDBG money through the Step Ahead process," meaning that each county received at least a portion of the grant money. This decision marked a revolution in state allocation of federal funds; first, because of the availability of money for child care, and second, because money was being distributed to all 92 counties. In the past, the state allocated federal grants only to certain counties or to specific projects.

The promise of federal funds was an important catalyst for the creation of county Councils; all 92 counties began the convening process within the first nine months of the initiative. However, the influx of CCDBG money also meant that the agencies and organizations most interested in Step Ahead were those directly affected by the CCDBG funds. As a result, some Step Ahead Councils were created with membership primarily focused in the early care and education field, and Step Ahead has had to combat a perception that it is only an early childhood initiative.

Outside of these cooperative agreements, Step Ahead Councils initially were not given implementation dollars; they were asked to mobilize their own county resources to finance projects in their plans of action. However, in May 1993, the state Step Ahead Office announced the availability of $1.1 million in discretionary funds to support Council projects drawn from county plans of action. Each county was allocated funds on a similar scale to planning grants — a base-line of $6,000, plus a percentage proportional to its population of children 5 years of age living below 100% of the poverty level. In Marion County, the discretionary funds amounted to $100,000; Ohio County was allocated $6,305. Only Councils that had entered their third year of funding and had created Standard Operating Procedures or bylaws were eligible for discretionary funds. The counties were then required to submit proposals which included a short-term plan based on their original plan of action and an itemized budget.

At present, the state Step Ahead Office has received 35 county proposals for the discretionary funds. Counties differ in the goals they have chosen to isolate and in the strategies they have chosen to meet these goals. Proposals include the following goals and strategies:

> To address its long-term goal of increased access to prenatal care and other support services, one Council's project is the establishment of a hospital-based prenatal care program at its county community hospital. The program will collocate Medicaid, WIC, and other care coordination services. The hospital has been designated as the organization responsible for the program.
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> To address its goal of providing families with affordable housing options, one county wants to integrate Step Ahead discretionary funds, Home Federal Funds, Community Development Block Grant money, funds available from the Indiana Finance Authority, and grants from local banks to subsidize a countywide housing program. The Council created a Housing Task Force to administer the program.
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> To address its long-term goal of increased accessibility to services, one Council's project involves the creation of a "Children's Village," which will collocate child care programs, Head Start, private preschool, early intervention, WIC, health education, training, and a health clinic. Step Ahead money will be integrated with an $11,100 planning grant the Council has already received from the Indiana Department of Commerce's Community focus funds.
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> Instead of creating a new project, one county has decided to disseminate "seed money" to various existing projects to improve the quality of their programs. These include: an allocation to a respite care facility to expand respite services to special needs children; an allocation to a Boys and Girls Club to expand their education and personal adjustment program; an allocation to the community school system to coordinate a two-day training session for fifteen early childhood providers.

The State Level

The state Step Ahead Office is located in Indiana's Family and Social Services Administration and has a full-time staff of six. In many ways, it is the Step Ahead staff that provide much of the vision and momentum for Step Ahead. They have been the driving force behind local participation in the process, going out to the local communities to answer questions and discuss strategies, and bringing local Councils together for meetings and information sharing. The Step Ahead Office has also been the source of many innovative projects. State level Step Ahead task forces have been created, such as the Task Force on Care Coordination or the Family Information System Task Force. These task forces are given a set of objectives and designated a timeline in which to complete them. In addition, the Step Ahead Office has created permanent committees to address ongoing issues, such as the Indiana Child Development and Training Committee.

The Step Ahead Panel is the initiative's legislatively mandated oversight body, established to "determine standards and guidelines for coordination and implementation at the county level." The Panel is composed of twelve individuals, including representatives from state government, the foundation community, Head Start, and private child care. They meet monthly to discuss the progress of the counties. The Panel was instrumental in the process of creating the local Councils; however, once all 92 Councils had been established, members of the Panel were unclear as to their role in the Step Ahead process. In response to this issue and to the creation of the Indiana Collaboration Project, the Panel has begun a reorganization process in which it will re-examine and redefine its mission.

The Kitchen Cabinet is made up of senior level managers from all state agencies who provide services to families and children. The Kitchen Cabinet meets once a month, making its staff available to representatives from local Councils. Each month, a small number of county Council coordinators bring their county plans of action to the Kitchen Cabinet meeting. The Kitchen Cabinet acts as a forum for the exchange of ideas; members of the Kitchen Cabinet assist in the creation of local implementation strategies or work to brainstorm solutions to service delivery barriers. The Kitchen Cabinet also helps local coordinators make state level contacts that can be pursued outside Cabinet meetings. The Kitchen Cabinet Process ended in July 1994, however, as counties moved into the Indiana Collaboration Project.

Several respondents indicated that Step Ahead has been a catalyst for reform at the state level. They explained that state level agency representatives have to deal with each other differently in order to facilitate the Step Ahead process and cited the Step Ahead Panel and the Kitchen Cabinet as concrete examples of this new relationship. In addition, the creation of the Indiana Collaboration Project is linked directly to the presence of the Step Ahead process. According to one respondent, "Step Ahead represents a paradigm shift for state government and allows us to get away from a categorical focus and a bureaucratic way of thinking."

The Indiana Collaboration Project

The Indiana Collaboration Project (ICP) extends the Step Ahead collaboration process to the federal level. It is an attempt to streamline funding mechanisms and bureaucratic requirements of both federal and state governments to facilitate local level service delivery programs. In addition, ICP broadens the scope of Step Ahead to include the provision of services to children ages birth to 18 years of age and their families. The Indiana Collaboration Project includes four basic strategies for service integration at the administrative and service delivery levels:

- Creation of funding agreements between agencies at the state level and organizations at the local level to pool resources in serving the needs of a given population. These funding agreements allow for the consolidation of federal categorical grants;
- Creation of standardized bureaucratic requirements: common applications, intake, and eligibility determinations; the acceptance of common procedures for budgeting, reporting, monitoring, accounting, auditing;
- Operation of multi-service centers with common administrative leadership;
- Creation of a State Consolidated Plan that will articulate policy and procedure for the previously mentioned activities, as well as create state level objectives and consolidation of funding streams.

In addition, ICP acts as a model for grassroots planning that is systematically linked to federal level planning. Building on the Step Ahead process, the local Councils identify barriers to collaboration and develop resolution at the local level, if possible. Otherwise, local Councils communicate their needs to a state level Working Group, made up of senior managers from participating agencies. If the state level Working Group is unable to address the Council's request, it refers the problem to the Indiana Policy Council on Children and Families — a gubernatorially appointed council made up of the secretaries and commissioners of the following agencies: the Departments of Education, Health, Administration, Workforce Development, Personnel, and Correction; the Family and Social Services Administration; the State Budget Agency; the Commission of Higher Education; and the Attorney General.

If necessary, the problem is then referred to the Region V Team — a group made up of regional employees of the pertinent federal agencies. And finally, the problem can be referred to a White House Working Group, which is composed of federal employees assigned to facilitate the ICP. ICP is an innovation in process in that it is focused on reactive policy-making; federal and state agencies respond to service delivery issues identified at the local level. At each level, the council or work group may propose a solution based on the collaboration mechanisms articulated in the Indiana Consolidated Plan; the problem moves to the next level only if a solution is not possible given existing methods, or if a proposed solution is rejected.

LOCAL EFFORTS

Though Step Ahead was instituted simultaneously in all 92 counties, there are natural disparities among Step Ahead Councils. Prior to Step Ahead, some counties had existing collaboration projects and felt that Step Ahead was asking them to "reinvent the wheel;" others had little experience with social service provision or collaborative planning. Counties' demographic and geographic differences result in varying needs and priorities. Rural counties cite the lack of transportation as a barrier to service delivery, while urban counties cite long waiting lists at local agencies. Counties also differ in their availability of local resources and their experience in applying for grants. Both state and local levels are challenged to ensure that the Step Ahead planning process works in every county.

In addition, because Step Ahead was conceived at the state level as a local level planning process, Step Ahead must constantly find a balance between state level vision and local level discretion. One respondent likened the state's role to that of a parent: "We want this to be locally driven and you're going to do that." Counties have had different reactions to the state's role; some Councils expressed a desire for greater state level involvement and mandates, while others maintained that the state was too involved in county affairs.

In addition, specific situations have arisen in which it has been difficult for the state to maintain the state/local balance. Before Step Ahead was introduced, First Steps Councils were in place in many counties to coordinate early intervention programs for infants and toddlers, pursuant to federal Public Law 99-457. With the creation of Step Ahead in 1991, the state asked counties to articulate a relationship between the two Councils, but did not specify the type of relationship required. Since many First Steps Councils had been in operation for almost three years, there was considerable opposition to their consolidation. At present, there is a spectrum of county solutions to this problem — in some counties First Steps Councils act as task forces, in others the Councils have merged to create a single planning body, and in still others First Steps and Step Ahead Councils operate simultaneously. Some respondents felt that the Councils must be integrated to remain consistent with Step Ahead's collaborative focus; others felt that it was more important to maintain Step Ahead's focus as county-driven and allow Councils to make their own decisions regarding integration.

Accomplishments

The accomplishments of Step Ahead have been far-reaching, affecting both the state and local levels and initiating both new programs and new collaborative processes. First, Step Ahead is changing the way that both the state and local levels approach the problems of young children and their families and the provision of services to them. As one respondent noted, collaboration has been accepted as a goal both in rhetoric and in reality. "[Step Ahead] has changed the landscape for families and I don't think we'll ever go back."

Second, Step Ahead has created local Councils in each of Indiana's 92 counties, which will act as catalysts for the planning and development of local service delivery. Eighty-five of the 92 counties have completed plans of action which detail both long-term and short-term goals. For example: in Porter County, a collaboration between local business and the county hospital, initiated through the Step Ahead Council, has created a project in which the hospital provides sick care for the work force; in Miami County, the Step Ahead Council spurred the creation of a children's center following the closing of a local air force base; in Clinton County, information form the Step Ahead needs assessment was the catalyst for the creation of a child abuse shelter; and in Lake County, the Step Ahead Council helped mobilize state and local resources to create a Prekindergarten Student Health Center, which provides early identification of child health problems or developmental delays.

Third, the presence of the Step Ahead process has empowered Council members and agency representatives to consider innovative ways of doing business. Even in areas in which a specific project might have been possible without Step Ahead, the initiative's presence can incite individuals and agencies to action more quickly and in a more collaborative fashion than might have occurred previously. As one respondent said, "What you can do and what you can do singly are often very different."

And finally, Step Ahead provides a vehicle for implementation of new programs that serve children and families. For example, Step Ahead has been instrumental in the implementation of Healthy Families Indiana — a program of early intervention to prevent child abuse and neglect modeled after Hawaii's Healthy Start program. In selecting six pilot sites for the program, Healthy Families Indiana solicited proposals from Step Ahead Councils. The selected counties then made Healthy Families a Step Ahead subcouncil and were able to use the Step Ahead process to ensure collaboration between different facets of the Healthy Families process and between Healthy Families and other service delivery programs in the county.

FUNDING

One of the most striking accomplishments of Step Ahead has been the innovative ways in which it has facilitated the integration and dissemination of funding. At the state level, the Step Ahead Office has integrated funding sources for distribution to the counties. First, the Step Ahead Office has pooled CCDBG, state funds for drug education and dependent care, and revenue from the state cigarette tax to expand funds available for school-age child care.

Second, the Step Ahead Office has offered Councils the opportunity of pooling federal child care funds from CCDBG and Title IV-A At-Risk.

Twenty-six counties are currently distributing these federal funding sources through one voucher agent.

Third, the Step Ahead Office has packaged Step Ahead coordination grants and First Steps development grants in a way that encourages cooperative blending between the two. The applications are sent out together, sharing common language, similar format, and compatible content. Councils are allowed to submit a single application for both grants.

And fourth, Step Ahead has worked with Healthy Families Indiana to create a fund that pools resources from the Criminal Justice Department, the Department of Health, the Department of Mental Health, and the Family and Social Services Administration. The Healthy Families Fund blends the funding sources into a single contract, a single audit, and a single reporting function for each county Council. The state level assumes the responsibility of breaking the reports down into the separate streams. The state hopes to expand the fund to incorporate private donations as well.

At the local level, Step Ahead Councils provide a mechanism for the integration of diverse funding sources. An example of this integration is one county's proposed housing development project previously discussed. That project uses Home Federal Funds, Community Development Block Grant money, funds from the Indiana Finance Authority, grants from local banks, and Step Ahead discretionary funds to create a funding pool managed by the Step Ahead fiscal agent.

In addition, Step Ahead has contributed to the standardization of child care funding mechanisms. As a result of Step Ahead, a common application has been developed for all child care funding. Each county has developed its own market rate for child care that is used across all funding streams in the county. A single Program Information Report has been developed by the state Step Ahead Office for use with all child care funding mechanisms.

And finally, as community collaborations, Step Ahead Councils may be more likely to win grants from prospective funders. For example, when Indianapolis applied for a Making the Most-Out-of-School-Time (MOST) grant from the Indianapolis Foundation, the Marion County Step Ahead Council wrote a letter in support of the planning grant. The letter explained that the Step Ahead Council could assist the MOST initiative in assessing and defining available community training resources, and stressed its existing training subcouncil as a vehicle for communicating with school-age child care providers.

TRAINING/PROFESSIONAL DEVELOPMENT

Step Ahead has created an Indiana Child Development and Training Committee that works in conjunction with the state Step Ahead Office and includes representatives from Head Start, family day care, nonprofit and for-profit child care, school-age child care, and Title XX. The Committee has been involved in a number of collaborative projects to foster "Educare" training in the state of Indiana.

First, the Training Committee has reached out to the family day care community by creating and airing training videos for child care providers. In partnership with the Public Broadcasting System (PBS) of Indiana, Step Ahead airs a three-part training package during "nap-time" on all five PBS stations across the state. In the first year of the project, the Committee bought a commercially produced video package; however, in the second year, Step Ahead was able to produce its own training videos. The videos are now available in 300 public libraries across the state, and are being distributed through local Step Ahead Councils. The videos are also being marketed and sold in other states, in the hopes that this revenue will be able to support free dissemination within Indiana.

Second, the Training Committee has created a Core Curriculum Committee to create a system of transfer of credit between all Indiana institutions with professional development programs in early care and education. The Core Curriculum Committee is composed of the department chairs of all relevant vocational schools, two-year colleges, four-year colleges, and universities. In order to map training requirements from CDA through Ed.D., the Core Curriculum Committee is compiling a disk of all early childhood curricula in the state. At present, there is a pilot partnership between a two-year college and a four-year college articulating transfer of credit between the institutions. One of the goals of the Core Curriculum Committee is to create a statewide system of articulation agreements between these institutions.

Step Ahead has also expanded CDA training in the state of Indiana. The Department of Workforce Development, the Department of Employment and Training Services, and the Division of Families and Children have agreed to provide Step Ahead with $400,000 under the Job Training Partnership Act for additional child care training for 186 economically disadvantaged child care providers. The McDonald's foundation — in cooperation with Indiana State University and the Division of Children and Families — has created a network of CDA advisors across the state to provide training for the credential.

Also at the state level, Healthy Families is conducting training of Family Support workers in each of the selected pilot sites. The training is a joint effort by the state Healthy Families Office and the Indiana University School of Nursing. Purdue University's Child Development and Family Studies Program is conducting an evaluation of both the training and the pilot projects.

In addition to work at the state level, individual Step Ahead Councils are also creating their own professional development projects. One Step Ahead Council has implemented countywide inservice training for child care workers. The county Council developed its own professional development package, asked the school system to donate the training space, contracted with a vocational school to provide training personnel, and marketed the service through the local newspaper. One hundred percent of those participating in the training who were not previously licensed have subsequently become licensed.

ADVOCACY

Little seems to have changed for advocacy in Indiana as a result of Step Ahead. The advocacy community consists of many loosely organized groups. Initially, there was a flood of advocate response to Step Ahead, largely because advocates wanted to have a say in the allocation of CCDBG funds. According to one respondent, "advocates were at the table because they were afraid not to be, not because they wanted to be." Now, many advocates feel that Step Ahead has "taken the wind out of their sails," because control over child and family issues has been assumed by the state.

REGULATION

The Board for the Coordination of Child Care Regulation is a statutorily based board created to study Indiana's laws governing the regulation of child care and to make recommendations to the General Assembly. The board consists of representatives from elementary and secondary education, health, mental health, welfare, the fire prevention and building safety commission, day care, foster homes, child placement agencies, and the legislature. The Board was created under the same legislation that authorized Step Ahead, but it is not directly linked to the Step Ahead process.

DATA COLLECTION/UTILIZATION

The Step Ahead process has ensured that all 92 Councils have completed county needs assessments. Each county was required to supply demographic information, overviews of all agencies that provide services to young children and their families, and a universal grid identifying both gaps and redundancies in service delivery. Not only are the individual needs assessments being used to create county plans of action, but the state Step Ahead Office is also using the needs assessment data in aggregate to identify statewide priorities. For example, the lack of consumer information was identified as a barrier to service delivery in 57 Step Ahead needs assessments; the Step Ahead Office is currently working to create a Family Information System in each of Indiana's 92 counties. Based on a review of needs assessment priorities, the Family and Social Services Administration has identified five target areas for its 1994 Strategic Plan.

CONSUMER INFORMATION

As mentioned earlier, Step Ahead is creating a Family Information System to provide resource and referral information directly to Indiana's families. A task force of state and local representatives has been convened to build a blueprint for the creation of a locally based information system and to disseminate this blueprint to each of the counties. The task force will also advise the state as to its role in providing technical assistance to the Step Ahead Councils in their creation of the system.

In addition, Step Ahead Councils can act as agents to disseminate information about available services in the county. At present, 90 counties have implemented consumer awareness programs. For example, in Clinton County, the Step Ahead Council held a Kids Fair, in which services for children throughout the county were discussed and displayed for the first time.

EQUITABLE DISTRIBUTION

Step Ahead and the creation of local Councils has increased the availability and enhanced the distribution of program funds to each of the state's 92 counties. Prior to Step Ahead, all state and federal grants were allocated to counties on a competitive basis, with some counties receiving little if any funds. One of the goals of Step Ahead is to effect changes in service delivery statewide; each county now receives at least a portion of all state and federal funds that are funneled though the Step Ahead process. At the state level, Step Ahead allocates money to each county by formula and accepts only one grant proposal per county; this proposal should be the work of each Step Ahead Council. At present, CCDBG funds, Title IV-A At-Risk child care funds, and school-age child care start-up funds for drug awareness are allocated to each county through this process.

ABUNDANCE

The presence of the Step Ahead process at both the state and local levels has and will continue to impact on the number of children and families who receive necessary services. For example:

- Nearly 10,000 additional children are receiving child care services as a result of Step Ahead's efforts.
- As a result of Step Ahead's project to pool state and federal funds for school-age child care, the number of sites providing school age-child care increased from 56 to 337; 13,422 children now receive this care.
- As a result of needs assessments conducted by Step Ahead Councils, 30 percent of counties have expanded parent education efforts.
- Adams County is providing at-risk respite care for 100 additional children.
- Howard County immunized 500 children under 2 years of age by increasing the hours and accessibility of its program.
- The Porter County Hospital is providing safe and affordable child care for 225 sick children.

The presence of Step Ahead has had a positive effect on service abundance in part because the private sector sees Step Ahead as a partner in the creation of new projects. Both the Follinger Foundation and the Lilly Foundation have issued requests for proposals to Step Ahead Councils as a way of disseminating project grants to local communities.

QUALITY

Although it is hoped that all of the changes effected by the Step Ahead process will increase the quality of services for Indiana's children and families, specific indicators of increased program quality are difficult to measure. Step Ahead has contributed to increased quality of Indiana's early care and education system through increased accreditation. Since the advent of Step Ahead, the number of early care and education sites accredited by the National Association for the Education of Young Children has increased by 28 percent. The number of family day care homes accredited by the National Association of Family Day Care has increased from three to sixteen.

Key Issues

Step Ahead has developed at a remarkable pace, creating working Councils in each of Indiana's 92 counties. As previously mentioned, these local Councils have addressed a wide range of issues confronting children and families, from child care, to health care, to housing. At the same time, there is some concern that Step Ahead is perceived as an initiative which affects only early care and education services. Some respondents indicated that Step Ahead must transcend the early care and education label in order to effect comprehensive changes for children and families. The creation of the Indiana Collaboration Project is indicative of Indiana's commitment to these comprehensive changes. The transition to the goals and procedures of the Indiana Collaboration Project will be a crucial period in the development of Step Ahead and in the development of service integration in Indiana. ICP extends the Step Ahead process to include all services for families and children throughout the life span.

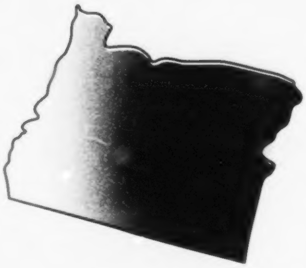
While many expect that Step Ahead will blossom as a result of ICP, several respondents indicated that there have been too many changes too fast. As one respondent explained, "I show up in basketball shorts and now we're skiing." The state Step Ahead Office is working to ensure that both state and local levels receive the necessary preparation and training for this transition.

Integral to the conception of both Step Ahead and ICP is consumer input; both initiatives seek to garner participation from the families they serve. Many children and families are already feeling the effects of Step Ahead, but are not aware that the process exists or that they might be able to participate. Almost all counties have expressed difficulty in sustaining consumer involvement in their Step Ahead Councils. The state Step Ahead Office is already beginning to increase media coverage of the process and has hired a public relations firm for advertising; several local counties have established consumer involvement committees on their Step Ahead Councils. Step Ahead will continue to work to increase consumer awareness and participation as the initiative changes to accommodate ICP.

Finally, Step Ahead will be going through yet another transition in the not too distant future — a change in the state's administration. Because of Indiana's term limit laws, Bayh is unable to run again in 1996; many are worried that the durability of Step Ahead will be challenged when he leaves office. Some in the state Step Ahead Office feel that they are racing the clock, trying to build a strong, broad support base for Step Ahead at both the state and local levels. It is hoped that both Step Ahead and ICP will be fully entrenched before Bayh leaves office, so that they will be less vulnerable to a new administration.

Step Ahead will be faced with a series of transitions in its future and will be challenged to endure them. Indiana has shown remarkable initiative in creating a service integration process that encompasses both planning and implementation and that is active at both state and local levels simultaneously. Bolstered by both its accomplishments to date and by an intense commitment at the state and local levels, Step Ahead should continue to develop and grow through the transitions that lie ahead.

THE STATE OF OREGON



Introduction

In Oregon, efforts to promote service integration for young children and their families can best be understood by looking at the roles of three state initiatives: the Commission on Children and Families, the Oregon Benchmarks, and the Commission for Child Care/Child Care Division. Each initiative focuses on a dimension of service integration that is key to the achievement of the state's articulated goal of enhancing the well-being of young children. These dimensions are: (1) a movement toward county-based planning, decision-making, and service delivery; (2) benchmarked outcomes to measure progress on key goals and to direct resources toward those goals; and (3) the development of strategies that influence the child care market in order to increase families' access to stable, appropriate care for young children.

First, the Oregon Commission on Children and Families (the Commission) was established by state legislation (House Bill 2004) in 1993. Operating in conjunction with county-based units (called local Commissions on Children and Families), the Commission serves as a significant statewide service integration strategy. It was created to "design and implement a wellness model, with an action plan for a more integrated, accessible, preventive statewide system of services for children and their families in Oregon."

Second, the Oregon Benchmarks were established in 1991 to serve as a catalyst for achieving enhanced quality of life for the state's citizens. Emanating from the Oregon Progress Board — a comprehensive effort to establish outcomes accountability for many public, private, and collaborative projects in Oregon — the Benchmarks include goals for Oregon's people, economy, and environment. The process of planning to meet the Benchmarks cuts across sectors, agencies, and branches of government. Cooperation, teamwork, and service integration all contribute to efforts to achieve outcomes established by the Benchmarks.

Oregon's third service integration initiative is a combination of two allied efforts — the Commission for Child Care (CCC) and the Child Care Division (CCD). Both the CCC and the CCD are part of the newly established Employment Department. CCC was created by the Governor in 1985 to study the conditions of child care in the state and to report to the Governor and the legislature on the availability and quality of child care in Oregon. Its first report called for the creation of an Office for Child Care to improve planning and cross-agency services. This office — formerly the Office of Child Care Coordination, and now the Child Care Division (CCD) — is responsible for the coordination, planning, and administration of CCDBG funds. Working together, the Commission for Child Care and the Child

Care Division focus their efforts on advocacy, public education, and information about the child care market in order to help families access care. The CCC/CCD fosters service integration primarily within the field of early care and education.

It should be noted that the three efforts — the Commission on Children and Families, the Oregon Benchmarks, and the combined CCC/CCD — represent important iterations of past efforts, denoting a durable history of commitment to service integration in Oregon. Presently, all efforts are linked with state agencies. The focus of the first two efforts transcends early care and education, embracing the human services generally; the focus of the third is within the early care and education field. All three are undergirded by a "wellness" model that seeks to normalize services to all Oregon children and families. While distinct, the three efforts complement each other and serve as the focus of this analysis.

In addition to these three primary efforts, four other Oregon service integration initiatives are noteworthy. The first is an informal gubernatorially initiated effort to link cabinet level secretaries/directors for the purposes of avoiding service duplication and creating uniform approaches to policy development and implementation. This effort — known in the state as the G-9 because it is organized into nine groups collapsed from the 236 state agencies and councils — has been quite effective in working to coordinate executive branch functions and strategies.

The second service integration initiative — the Service Integration Demonstration Projects — has been developed by the Department of Human Resources (DHR). The Service Integration Demonstration Projects came about as the result of legislative concern about fragmentation and a departmental commitment to improve services. Begun in 1991 by DHR and augmented by a Service Integration Task Force, this effort aims to increase efficiency in the Department by supporting several community-based service integration efforts, including the development of school-based family service centers that bring together multiple services. With little or no funds allocated to local communities, and through the inspiration of DHR, 20 site-tailored model/demonstration service integration efforts are being enacted in communities throughout the state. Though quite different in intent and orientation, each of these efforts is demonstrating the viability of service integration and is a potential model for statewide replication as a part of the local Commissions on Children and Families.

A third set of integrative efforts emanates from the Oregon Department of Education (ODE). ODE is the lead agency for the Oregon Head Start Collaboration Project and administers the state's Prekindergarten Program according to a Head Start model, thereby enhancing continuity and linkages within the early care and education field. In addition, in 1991 the Oregon legislature passed an education reform bill that proclaimed early childhood the cornerstone of educational reform, created an interdepartmental Early

Childhood Council to coordinate the state's early care and education programs, and encouraged the following: cooperative efforts among programs for young children, developmentally appropriate practices, comprehensive health and social services, and planned transition from preschool to the primary grades. Finally, ODE has set up an Early Childhood State Initiatives Group that also serves as a mechanism to link early childhood programs — notably, the Oregon Prekindergarten Program, Together for Children, the Head Start Collaboration Project, and early intervention programs.

A fourth effort, supporting integration and collaboration within early care and education, is the Oregon Child Development Fund (OCDF) — a private sector funding apparatus focused on "increasing family access to stable high quality child development and care in Oregon." Through efforts of this group — which puts forth funding stipulations that require collaboration — the early care and education community has moved closer to integrating its many services, programs, and funds. All four efforts or sets of efforts mentioned previously combine to augment the richness of Oregon's overall commitment to service integration.

Overview of Service Integration

Service integration efforts in Oregon are distributed within and outside the early care and education domain. Oregon's two comprehensive service integration efforts — the Commission on Children and Families and the Benchmarks — do not solely focus on early care and education, although they include it. While these efforts span different fields including health, elementary and secondary education, and employment, they both allow for flexibility in emphasis. The third effort — the CCC/CCD — creates linkages between diverse early care and education programs including private child care, family day care, resource and referral agencies, public prekindergarten, and Head Start. In addition, the CCC/CCD is catalytic in inspiring other efforts including the Benchmarks and the Commission to devote energy to the early care and education field.

The legislation that gave birth to the Commission on Children and Families emphasizes its role in fostering multi-year planning, predicated on measurable outcomes related to eleven Benchmarks. Specific service domains and programs to be integrated, however, are not legislatively prescribed. Given that the decision of domains and programs to be included is primarily local, and given that local plans for action have not been received by the state Commission, it is presently difficult to determine the precise focus of the local Commission efforts. It may be assumed, however, that since most of the Commissions' historical lineage emanates from child welfare, the Commissions' work might adopt this orientation.

The Oregon Progress Board and the Benchmarks process encourage various organizations and initiatives to make their own selection from among the 272 Benchmarks in formulating their efforts. Benchmark options include, for example, those that focus on people (families, children, technical skills, and opportunity), on quality of life (health, environment, arts), or those that focus on the economy (per capita income, regional growth, and diversification). While the Commission has elected to focus on eleven of the Benchmarks that pertain most directly to children and families, other organizations have selected Benchmarks that may be only distally related to children and families. Whatever the focus area, it is important to note that the Benchmarks have been so widely accepted that some call the Benchmarks process a "cultural shift."

The CCC/CCD works in concert with the Oregon Benchmarks and the Commission, retaining a key focus on young children and on policy and infrastructure issues that affect the delivery of child care, Head Start, and other early care and education services. The CCC/CCD also supports the cultural shift toward an outcomes orientation.

This "cultural shift" is accompanied by another major shift — a shift in service integration efforts from the state to the local level. The Commission on Children and Families has a state structure that is designed not only to set statewide direction, but to support the local Commissions. Increasingly, more funds and responsibility will be given to the local Commissions in accord with an overall state plan that intends to devolve planning, operational, and fiscal responsibilities to counties. The state Commission encourages local Commissions to adopt the Benchmarks. The Benchmarks process, while lodged at the state level, is responding to requests to develop some local Progress Boards with the intent of inspiring even greater local investment in outcomes orientation.

The Commission and the Benchmarks are designed to effect change at the program and policy levels, with policy changes occurring at the state level, and many of the programmatic changes being incepted through a state process, but ultimately occurring at the local level. An example might be the Family Resource Centers, legislated along with the Commission on Children and Families via House Bill 2004, but operated at the local level. There is not a major focus on achieving service integration through statewide agency reorganization, although quite recently, the Child Care Division was moved from the Department of Human Resources to the Employment Department. Due to this change, child care has been moved from the welfare agency — where it was seen as serving primarily poverty and working poor populations — to employment — where it is seen as a more universal, normative issue. While other agency shifts may be anticipated as an outgrowth of the Commission and Benchmarks processes, such reorganization is not the main focus of service integration efforts; such reorganization is regarded in the state as a functional by-product of them.

Oregon has experienced strong private sector involvement in service integration, notably through the Benchmarks effort. Private sector involvement also occurs on the CCC and is beginning to take hold via Commission membership. Overall, however, it appears that government remains the primary sector in which service integration is lodged, as the Benchmarks, the Commission, and CCC/CCD are all part of state government. This is not to minimize the importance and breadth of engagement of the private sector, but rather to suggest that Oregon's major shifts due to service integration are shifts among levels of government — notably, shifts from the state to the counties — rather than shifts from the public to the private sector.

Context

GEOGRAPHY/DEMOGRAPHY

Oregon is a state rich in natural beauty and natural resources; as such it has served as Mecca to attract populations historically. Rugged, densely forested, and geographically divided by a mountain range, the state is one that is committed to preserving its natural beauty, the quality of its environment, and the quality of life for its residents. There is a strong environmental movement in the state, as well as a strong commitment to land usage control. Some suggest that Oregon is really two states — one that embraces the western coast, with the major cities, of Portland, Salem, and Eugene, and another that covers the eastern portion of the state and is more rural. Indeed, some rural/urban tension exists as a result of this geographic split. Despite this "divide," however, Oregonians perceive their state to be small, with opportunities for informal and repeated contact. Personal relationships have been deemed a strong catalyst for systemic change.

The population of Oregon is about 3 million and growing. Approximately 80 percent of the state's population is Caucasian; there is a growing Hispanic population, some of which is composed of migrant workers who are now electing to live in the state year round. Asians constitute another significant minority. Attractive to new residents, Oregon has recently swelled in population, with the rate of growth doubling in the past five years. In part, this influx is due to Californians seeking to retain the quality of life they no longer have access to in their state. Such population increases have been accompanied by an age shift in the population, with more younger residents proportionately.

PROGRAMMATIC HISTORY

There are diverse opinions regarding the state's historical commitment to children, with some suggesting that Oregon has paid more attention to its fish and timber than its children over time. Fortifying this sentiment, some point out that no Title XX dollars are spent on child care, though since 1989 Title XX dollars have been spent for child welfare services. Some suggest that there is a sense of commitment to children but that it has historically taken the form of protecting children from harm rather than advancing their well-being. Supporting this perspective, some deem Oregonians "soft-heart-ed" with respect to kids; that is, when there are specific small tax proposals for children's efforts, they do pass.

Such an historic context manifests itself programmatically in interesting ways. The state is keenly interested in supporting welfare programs and has also made a commitment to education, launching some inventive programs including the Oregon Prekindergarten Program. The State Board of Education is responsible for the education of kindergartners through the community college level, with strong linkages between secondary and community college education. The State Board of Higher Education oversees public colleges and universities. Oregon's Department of Human Resources — historically one of the largest in the nation — has broad-based responsibilities, spanning what would constitute multiple departments in other states. It might be presumed that such a structure would predict within-department integration — a factor that is emerging.

Whatever the original history of commitment to children and to service integration in Oregon, it shifted dramatically with the governorship of Neil Goldschmidt. Goldschmidt felt that the means to strengthening Oregon's infrastructure was to improve the life conditions of the state's children and families. While his early initiatives focused on job creation, Goldschmidt moved public sentiment regarding children and families by formulating a spirited and successful campaign to advance their status. Since the Goldschmidt era, the state has — via a variety of efforts discussed in the following section — become increasingly concerned about and committed to children.

ECONOMY

Reflecting the geography of the two Oregons, some also suggest that there are two Oregons economically. One is hallmarked by a devastating increase in unemployment in specific populations. With automation and changes in federal policy regarding land usage, the timber industry — historically one of the larger employers in the state — has experienced a notable downturn. The industry provided well paid employment opportunities for skilled labor, which often required no more than a high school education. Given the demise of the timber industry, and a similar demise expected for the fishing industry, there are a large number of skilled Oregonians now unemployed, and many are reluctant to take advantage of the training opportunities that would place them in more conventional indoor jobs.

On the other hand, Oregon is growing economically in certain areas. High technology has found a home in Oregon as has other production. The Portland harbor is large, and increasing in the amount of shippage that passes through it annually. Much of the economic growth in the state has been in the small business sector as well.

Oregon's economic picture, in addition to being painted as a portrait of good and bad, is also a portrait of change, with the amount and nature of jobs and the labor force in flux. These conditions precipitated Governor Roberts to establish a Work Force Quality Council designed to assess and enhance work force opportunities. Child care has begun to be seen as a work force rather than a welfare issue of concern to the entire populace.

Changes in Oregon's economy, along with a fierce desire to limit government intrusion into the home and pocketbook may also account for a severe tax limitation measure — Ballot Measure 5, passed in 1990 — that has capped the amount of property tax assessment that can be levied on Oregon residents. Now entering its third and most severe phase, the measure has restricted available dollars for education and social services. Paradoxically, a time of unusual economic growth in some areas of the state is paralleled by unusual tax constraints. Some consider this shrewd state policy; others find the practice socially irreverent. Faced with a growing population and growing demands for supports, some Oregonians fear such constraints will badly bifurcate the "haves" and "have-nots," ultimately curtailing the overall quality of life in the state. There is no sales tax in Oregon, and support for such is unlikely.

POLITICS

The state has a bicameral legislature that meets biennially, with a small executive committee functioning in the interim. The house is republican and the senate is democratic, with changes in the senate anticipated to be republican. Though it meets only every other year, the legislature is strong, fortified by a highly professional staffing structure, replete with expertise that has mounted over the years. As a group, Oregon's legislators are considered to be well informed and to take their work seriously. The governorship is also strong historically, and the office has recently been occupied by two democratic Governors: Neil Goldschmidt (1986-1990) and Barbara Roberts (the state's first female Governor) 1990-1994. Roberts will not run again; there is a democratic candidate and two republican candidates.

Politically, Oregon is generally considered quite conservative; small bastions of liberalism find comfort in the western part of the state. The state's conservatism finds expression in a strong citizen willingness to be involved in decision making. Oregon has been called a true populist state, with constituents not simply seeking, but demanding opportunities for political engagement. Oregon was the first state in the union to activate a petition process enabling citizen driven issues to go to public referendum. This strategy has been seen to support conservative thinking in that it is quite easy to bring a policy to referèndum. Such a strategy has been used for anti-gay rights initiatives, among others.

IDEOLOGY

The Oregon state motto is "she flies on her own wings." This is an apt characterization of the independent spirit of the state. There is no point in comparing Oregon to other states or to try to pressure action simply because "others do it"; Oregon's independence flies in direct contrast to this mentality. Oregonians are fiercely independent and proud of it; they shun institutions, with many having moved to Oregon to minimize government intervention in their lives. It is not insignificant that the population of Oregon is among the least church-going in the country.

Such staunch independence is enjoined with a robust "can do" spirit. The state is not shy; when it decides to do something, it does it well and in a big way. Once convinced of the merit of an idea, Oregonians seem to run with it. That is not to suggest that the Oregonian spirit is impetuous; to the contrary, there is a great deal of emphasis on collecting input from many Oregonians, via what has been called "terminal democracy." Though the process of coming to agreement is long, once an action is decided upon, it usually has passed the input test and carries with it broad-based support.

Service Integration Initiatives

HISTORY

When asked to describe the onset of service integration efforts in Oregon, most acknowledge that Governor Goldschmidt was instrumental in bringing them about. This is particularly true for the Benchmarks effort, which grew out of his desire to create an economic strategy for Oregon that would embrace both human and capital development. Goldschmidt not only saw these as intertwined imperatives, but also recognized the importance of child care to their realization.

Although the Commission for Child Care had been established by his predecessor in 1985, Goldschmidt expanded its role and, in preparation for his election in 1989, produced a report entitled Oregon Shines. The report was designed to be a strategic plan for a "vital, industrious Oregon that shines in all spheres of life" — including employment skills, safe communities, and quality facilities and services. Once the Oregon Shines document was popularized, it became evident that a mechanism was needed for its implementation. With input from business leaders, it was decided in 1989 that a Progress Board would be created via legislation, and that it would be charged with translating Oregon Shines into action.

The strategy chosen by the Progress Board was the development of the Benchmarks. The Progress Board — a bipartisan, high level group — created a vision for what Oregon wanted to become and set out on a path to achieve it, not via the reorganization of programs or agencies, but via a strong community-based, citizen input, outreach, and development process that would add specificity to Oregon's plan. Designed to consider life cycle spans, the Benchmarks set precise goals that transcend programs and agencies for humans through the life cycle: early childhood, youth, adult years. After some modifications, the Benchmarks were adopted by the legislature in 1991, further enhancing their breadth of support to include gubernatorial, legislative, lay, and business community endorsement.

When launched, the Progress Board had a two-year sunset provision; however, its work has proven so catalytic that both the Progress Board and the Benchmarks enjoy strong durable legislative support. Not only did the Benchmarks carry the endorsement of Governor Goldschmidt, but his successor, Barbara Roberts, articulated a strong commitment to them; indeed, the Benchmarks became one of the priority areas of her gubernatorial campaign.

The strategy chosen by the Commission for Child Care was the development of analytic and information sharing capacities. Charged to report to the Governor and the legislature regarding the availability and quality of child care, the CCC undertook its analytic role by embarking on efforts to assess the nature of services young children were receiving. Its early findings noted the severe fragmentation of child care in the state, and in 1987 it called for the establishment of the Office of Child Care Coordination — the precursor to the CCD. This office was designed to improve the coordination of planning and services among early care and education programs in addition to promoting public awareness regarding the needs of young children. Early efforts of the CCC included the passage of the parental leave law and the business dependent care tax credit.

The Commission on Children and Families — both at the state and local levels — conceptually also dates back to Governor Goldschmidt and to several community efforts spearheaded by the Leaders' Roundtable. Goldschmidt provided a forum for the development of an Oregon's Children Agenda. Launched to catalyze support in 1987, the Children's Agenda gained momentum and was converted into an action plan between 1988 and 1990. Goldschmidt wanted to establish a mechanism that would make changes and that would be supported by lay Oregonians.

The Children's Agenda was enacted into legislation as the Community Children and Youth Services Act in 1989. The act created a state level group — the Oregon Community Children and Youth Services Commission (OCCYSC) — that was responsible for administering programs of the former Juvenile Services Commission, the Student Retention Initiative, the Great Start Program, the CASA program, and the federal Juvenile Justice and Delinquency Prevention Formula Grants. In addition, the Commission was charged with developing and recommending state policy related to early childhood, school dropout prevention, early intervention, and juvenile issues. The Commission was also empowered to foster the coordination of services to children, youth, and families at the state and local levels. Via this Commission, a new focus on young children took hold, with early childhood representatives invited to the tables. The state level Commission was joined by a local commission in each of Oregon's 36 counties, composed of at least 50 percent lay citizens. The state level Commission functioned quite independent of government and saw itself as a "guerrilla" force that could shake things up. At the local level, all Commissions were funded and engaged in active community mapping efforts. Those with funding for staff were more successful.

Simultaneously, much activity occurred in the early care and education arena. In 1989, four efforts were created to enhance service integration for young children and their families. First, the child care resource and referral program funded an expanded network of resource and referral agencies. Second, a cross-agency team was formed to foster the compilation of data that might serve as a base for community planning. Third, Great Start — a program to increase services for children from birth to 6 years of age and to increase community involvement — was launched. And fourth, the legislature called for integrated efforts for young children and created a coordinating council for children and families that functioned within state government. With the arrival of CCDBG funds in 1991, the Office of Child Care Coordination (within the Department of Human Resources) was designated as the lead agency. Funding for the Oregon Prekindergarten program increased as calls for services for all eligible Head Start children sounded. An education reform effort was passed that placed strong emphasis on integrating social services and early childhood education.

Despite this activity, concern regarding state services to children increased. Some bemoaned a crisis rather than a wellness orientation. Others questioned the functioning of state services, suggesting that existing Commissions were perhaps not meeting their goals. It was believed that the Commissions could be revitalized to be more effective and that this revitalization should be accompanied by changes in state functioning. Under the leadership of a senior legislator, a bipartisan Children's Care Team was established to include representatives of the business community, providers, citizens, and advocates. The team was charged to bring in fresh perspectives regarding the states' children and families and to make suggestions for how the state could improve its child and family services.

The recommendations that emanated from the Children's Care Team were potent in creating changes at both the state and local levels. Via House Bill 2004, the former OCCYSC groups were transformed into Commissions on Children and Families at the state and local levels. At the state level, the Commission became more formal, dropped its "guerrilla" orientation, and became an agent of state government. In its new incarnation, the Commission was to have clear responsibilities, new fiscal authorities, and a restructured membership that included directors of state departments. Commissions on Children and Families were also to be transformed at the local level.

Enacted into law in August 1993, the new Commissions on Children and Families not only brought structural changes, but changes in orientation that were expressed in distinct priorities: local planning and control (versus state control); a focus on outcomes; a wellness and family focus (versus treatment); an emphasis on facilitation (versus control); and an emphasis on building on the strengths of existing systems (versus creating new programs). The Commissions, still fairly new, have been given large challenges and short timelines, with county plans due by July 31, 1994.

In addition, the policy role of the Commission for Child Care was clarified; its membership was reduced. The responsibilities of the old Office of Child Care Coordination — including administration of CCDBG funds — were transferred to the Child Care Division within the Employment Department. The goal was to consolidate the work of separate child care functions, and to establish early care and education as a need for all children, not only those from poor and welfare dependent families.

GOALS

The goals of Oregon's two comprehensive service integration efforts — the Commission and the Benchmarks — are conceptualized quite broadly. The Commission on Children and Families — operating at both the state and local levels — aims to provide opportunities for lay citizens and professionals to come together to chart new visions for delivering linked services. In addition to an agenda that focuses on integrating services, the Commission also emphasizes the devolution of services to counties, including the legislatively encouraged Family Resource Centers. The goal, therefore, is to bring services closer to consumers and to make them more efficient and more accessible through service integration mechanisms.

The Oregon Benchmarks effort is an appropriate companion to the Commission, designed to provide the state with a tangible set of outcomes toward which public and private sector efforts can mobilize. The Benchmarks do not prescribe strategies for achieving the goals, per se, but focus on commandeering support for a goal-driven — as opposed to a structurally-driven — approach to service integration. The Benchmarks are not concerned with government reorganization or with the establishment of multiple mechanisms for the sake of integration. Rather, the Benchmarks process posits service integration as a vehicle that will lead to and support the achievement of desired statewide outcomes.

The goal of Oregon's third service integration effort — the CCC/CCD — is to streamline state policy so that it will enable the delivery of high quality services to young children. The CCC/CCD also aims to build an early childhood infrastructure that will accord genuine authority to consumers. It intends to create a positive synergy between producers and consumers that will be enhanced by efficient and effective governmental structures and actions.

PROCESS

The two comprehensive service integration efforts under consideration — the Commission on Children and Families and the Benchmarks — each have strong commitments to local and state level cooperation that are manifest structurally. The state level Commission on Children and Families has important counterparts at the local level. Gradually, during a two- to seven-year period, more responsibility will be shifted to the local Commissions, with the ultimate division of responsibility divided as follows: the state will assume responsibility for planning, and administrative responsibilities will be shared by the state and local Commissions, with the state Commission being primarily focused on setting parameters and defining broad goals, and the local Commissions being in charge of developing the vision plan and suggesting implementable strategies. Local Commissions are also responsible for conducting needs assessments, distributing state and federal funds, and making services accessible to reduce "fragmentation, duplication, and stigmatization."

Membership on the state Commission on Children and Families is mandated by legislation and includes fourteen individuals, twelve of whom are appointed by the Governor. Of these twelve, four must be public members who have demonstrated interest in children, and two must be from the business community. Membership also includes the state Superintendent of Public Instruction and the Director of Human Resources. Membership at the local level is divided into two primary categories — professional and lay, with lay being anyone who is not currently delivering human services. The lay category — from which the local chairperson must be drawn — must constitute a majority of members. Given the commitment to lay participation, it is interesting to note that these representatives do not need to be consumers. Indeed, actual consumers of direct services seem to be under-represented on the state and local Commissions.

To fortify the strength of the local Commissions, each was given a budget, distributed according to a formula based on population. Areas with small populations were given minimum grants, amounting to about $300,000; larger counties were given sizable grants, with one county allocation amounting to approximately $4 million. These funds have been transferred from the state Commission budget of approximately $38 million. At the local level, funds may be used for program development and implementation, planning, administration, and budgeting. Inventive ways to integrate services using dollars from different categories are emerging at the local level. One county, for example, is funding a teen center with dollars allocated as followed: student retention funds for the education component, juvenile justice dollars for the counseling component, and CCDBG funds for the child care component. In short, the local Commissions are acting as catalysts to integrate programs and dollars in ways that render both the dollars and the programs most effective.

Local Commission plans are scheduled to be submitted to the state by July 31, 1994. Each submission will include a macro budget that will specify rough percentage allocations for each effort suggested by the local Commission. More detailed budgets will be submitted by each Commission later. While retaining some flexibility, each local Commission is required to spend a portion of its budget on two staff members who are responsible for facilitating the coordinative planning. The local Commission plans will be submitted to the state Commission, with the state Commission serving as a coordinating mechanism among localities.

The state Commission on Children and Families clearly recognizes its role in supporting local Commissions. In order to fulfill this role, the state Commission includes about 30 staff members replete with budget, policy, and program expertise. In addition, ten regional coordinators link with individual local Commissions to provide or help access training and technical assistance. Each local Commission has been given computers, modems, and printers so that it can be linked not only with the state Commission, but with other local Commissions to share information. Media/communications plans have also been developed to augment communication linkages. Mechanisms for local Commissions to share with one another on a face-to-face basis have been set up, as has a process to engage the local Commissions in the development of the budget for the state Commission on Children and Families.

Similar to the Commission, an apparatus to engage and link local and state players is planned for the Benchmarks via the establishment of local Progress Boards to parallel the statewide Oregon Progress Board. It is anticipated that these local boards will mirror the state Board and will serve as a coordinating link for the various commissions and organizations adopting Benchmarks — including the local Commissions on Children and Families. While the Benchmarks are being adopted by many groups without the existence of local Progress Boards, it is felt that the institutionalization of such local boards would give Benchmarks that much more visibility and engender commensurate commitment in some regions of the state where the Benchmarks have taken root marginally.

The state level Progress Board is an independent board with representatives appointed by the Governor. Appointees represent business, philanthropic, and academic communities. It is anticipated that the local Progress Boards will have a similar appointed membership. The entire Benchmarks effort is provided with an annual budget of $400,000. Much of the work of the state and local Progress Boards involves assisting and bringing together different organizations, commissions, and communities to focus on specific goals and outcomes they want to achieve.

Meeting monthly, the Child Care Commission is a fifteen-member commission composed of providers as well as individuals from the business, professional, and the governmental sectors. The Governor appoints one-third of the representatives and the chair. The Speaker of the House and the Chairman of the Senate also each appoint one-third of the members. The primary goal of the CCC is to oversee the creation and development of legislation, policies and practices that better integrate quality services for children. In addition, the CCC is designed to be catalytic in getting children's issues on the political and social agendas of the state. The budget for the CCC is comparatively small — about $90,000 per biennium.

The Child Care Division also plays an important coordinative role in linking services in the early care and education field. With its $23 million budget (including CCDBG funds), the CCD coordinates child care regulation, resource and referral, and a number of early care and education programs including Head Start and the Oregon Prekindergarten Program in order to advance efforts on behalf of Oregon's children and families.

Oregon's three major service integration efforts share some interesting commonalties, despite the reality that they are somewhat different in intent and process. All three efforts were created or expanded as a part of the Goldschmidt administration, with strong input from Oregonians at large. The Progress Board and Benchmarks retain much of their original shape, the OCCYSC has been reincarnated from its original form to the current Commission structure, and the CCC has been reshaped slightly, but all still retain a populist orientation and a certain accountability to Oregonians. All have also found expression in legislation, and enjoy bipartisan support. All are accountable to the legislature and receive funds from the legislature to support their work.

In short, ideas that sprung up in the executive branch were given legitimation in the legislative branch. Presently all efforts also enjoy strong community support. All have prestigious boards or Commissions with at least some, if not all, appointments made by the Governor. All recognize the importance of the others, and work collaboratively to be synergistic in their accomplishments. All are basically arms of state government, with staff who report to state officials. In this case, they should be regarded as within-government efforts that are laced with an infusion of lay support. All efforts are designed to be catalytic, in that none presumes to effect complete service integration. Rather, each sees itself as incepting an array of service integration strategies.

. Here the similarities end. The CCC and the Progress Board and Benchmarks have existed for a longer period of time, and hence demonstrate more tangible accomplishments, as detailed in the accomplisments section. The Commission on Children and Families will no doubt yield similar accomplishments as it develops. Further, the Progress Board, though embarking on establishing local units, is not currently limited to geographic locales. Rather, its work may be embraced by a region, a small community, a private agency or a public organization.

Finally, the strategies of the three initiatives are somewhat different. The Commissions at the local level have clearly prescribed tasks and responsibilities and an elaborate infrastructure and state funds to support their work. They are involved in efforts that will help identify needs and that will create comprehensive services to alter conventional delivery mechanisms. In this sense, the local Commissions are focusing on the integration of services and service delivery mechanisms. The Progress Board, on the other hand, is focusing on bringing groups together to address not the means but the ends — the Benchmarks — through a variety of strategies including service integration. The CCC/CCD, while it has no systematic local counterparts, is bringing groups together to address both processes and outcomes for young children.

LOCAL EFFORTS

Given the nature of the state, there is great disparity in the capacity of localities to marshall resources — human, fiscal, and temporal — to address the diverse challenges. In general, there is a feeling that smaller communities and more rural communities have an easier time integrating services, in part because people all know each other and the consequences of non-collaboration can lead to severe professional sanctioning. On the other hand, rural communities face challenges associated with distant leadership in county agencies, more limited resources, and often changing work force demands. Some rural communities have banded together for service provision; others have adopted an economic development focus around which some of their integration efforts are linked. In larger communities, primarily on the western side of the state, service integration is also difficult, in part because communities are dense, populations are mobile, and there are some deep-seated rivalries that make collaboration quite difficult.

Despite these facts, service integration has progressed nicely at the local level, with much inventiveness characterizing the nature of the integration efforts. In Benton County, for example, the local Commission on Children and Families is working in conjunction with the Budget Committee to formulate a continuum of care. More than 800 residents have been involved in the planning of "Yes for Kids" — a vision statement that focuses on wellness, while dispersing responsibility for children to diverse agencies, organizations, and groups throughout the county.

In other areas, important integrative efforts are ongoing, but are not directly tied to the Commission, the Benchmarks, or CCC/CCD. For example, Linn-Benton Community College has had a long history of leadership in service integration, using its Family Resource department as a mechanism to foster cross-disciplinary training and field-based collaboration. Here, critical and durable linkages have been made with Adult and Family Services, the JOBS program, and the Child Care Resource and Referral agency.

It becomes clear that an appetite for service integration exists in Oregon and would have taken hold in some areas without the Commission, Benchmarks, or the CCC/CCD. Yet, it is agreed that the existence of the state initiatives has accelerated the pace of service integration in some areas where it would have taken hold more slowly.

Accomplishments

Oregon has accomplished much in the area of service integration. More individuals are aware of the children's issues and more are involved in supporting children and families than ever before, due in large part to the emphasis on county-driven efforts. State involvement in the service integration agenda has not been simply a case of "shifting the boxes at the state level," but of catalyzing major shifts in community engagement. Repeatedly, people remark that they no longer jump at new program innovations, but think more systematically about how such efforts will link to and affect other efforts. The Benchmarks are fully accepted and are known among diverse communities. A spirit of collaboration exists; Oregon is poised to convert this into robust systems reform.

FUNDING

The Benchmarks effort has had several major funding accomplishments. First, the Benchmarks effort has been responsible for the reallocation of dollars within a number of foundations or nonprofit organizations. In these cases, the foundation or organization sets priorities for funding distribution according to the Benchmarks. Additionally, grants are often reviewed and awarded according to the ability of the receiving organization to meet the Benchmarks. For example, the Oregon Community Foundation, the Work Force Quality Council, and the Portland United Way have picked priority Benchmarks and awarded funds based on the degree to which submitters of proposals evidenced ability to meet the Benchmarks.

Perhaps most remarkably, the state legislature, in adopting the Benchmarks, has integrated them into the overall state budgeting process. The state budget has been cut by 20 percent, with agencies meeting the Benchmarks qualifying for 10 percent of the residual dollars. Agencies meeting the priority Benchmarks are awarded portions of the remaining 10 percent. In this way, the budgeting process has become an effective strategy for financial reallocation according to the Benchmarks.

The Commission on Children and Families has consolidated $38 million in funds already. Moreover, it will have an important impact on funding in two ways. First, the Commission will act as a pass-through agent, fostering the pooling of funds from various funding streams at the local level. Second, the Commission will pursue the devolution of dollars from the state to county agencies. Through these strategies and via their capacity to integrate services, it is anticipated that cost savings will accrue. Many, however, are concerned that such cost savings will become the primary motivation for the service integration efforts, and urge continued focus on quality and outcomes.

The CCC/CCD has also fostered the realignment of funds so that greater state investments have been allocated to young children. By directing the proceeds from a Community Action Project into child care, $1.5 million has been realized. In addition, the CCC/CCD has also advocated for providing market rate compensation, thereby increasing the funds available for child care.

TRAINING/PROFESSIONAL DEVELOPMENT

The Commission on Children and Families, recognizing the major responsibilities that are being devolved to the counties, is providing training around collaborative skill building to handle the task. This training includes sessions on community development, the planning process, and evaluating services. Such training efforts are outcome directed, without making major changes to the mainstream delivery systems for professional development in the state. Some of the training efforts are linked to the Benchmarks and take the form of Benchmark kits that provide specific strategies around a particular Benchmark. Beyond formal training, the state Commission office is also providing site-based technical assistance to local Commissions. In addition, through the Benchmarks process, "catalytic leadership" training has been offered in localities, as have intensive workshops on performance measures.

Professional development for early care and education providers seems to be concentrated at the community college level, with few four-year institutions offering specialized training, in part due to the preference for "generalist" teaching credentials. There are some significant efforts underway to form a comprehensive career development system for all personnel entering early care and education. The Office of Community College Services coordinates much of the training, with local community agencies — notably child care resource and referral agencies — taking the lead in actually providing the training. Overseen by a Childhood Care and Education Development Advisory Committee — emanating from the CCDBG Training Advisory Committee — the career development effort will establish common standards for early childhood programs in school systems and elsewhere, and will also create a career development system that has at least three levels of career progression.

ADVOCACY

Accomplishments in the advocacy domain are varied, with important advances being made within state government in terms of increasing the attention accorded children and families in general. The CCC as well as the Commission on Children and Families are entities that have been established to address advocacy issues. The CCC focuses its efforts on child care and works cooperatively with other groups on early childhood issues. The Commission on Children and Families focuses on advocacy skills, leaving the specific content of advocacy initiatives to each community. Recognizing the importance of advocacy work, the state Commission works with local Commissions to build an advocacy capacity. Local people are brought into the state hearings processes, and are encouraged to be active in their own communities. The Commission also sponsors a Youth Caucus Advisory Board with one goal being the engagement of young people in functional advocacy. The Commission has been strong in advocating for local control and for enhanced state budgets, but not necessarily for child care. Outside of government, advocacy seems strong through the Oregon Association for the Education of Young Children, and Children First — an independent, statewide advocacy organization.

REGULATION

Support for regulatory improvement has increased as a result of service integration efforts. As programs have worked together, discrepancies in regulations and standards have been identified as a barrier to effective integration. A newly enacted bill requires registration of family child care providers and emanated from the advocacy of the Commission for Child Care. The bill had strong support from various state agencies and the child care resource and referral agencies. The urgent Benchmark for safe child care lent support to these efforts as well. There is growing interest in developing consistent standards for all early care and education programs.

DATA COLLECTION/UTILIZATION

The state of Oregon, through the Benchmarks effort, as well as through some within-department efforts, is making headway on the collection of data and on its utilization. Not only are common data points discerned via the Benchmarks, but for each Benchmark risk factors, potential performance indicators and accomplishment levels have been identified. To obtain these data, Benchmarks personnel have worked intensively with agency personnel to discern the most effective way of streamlining access to data, often amalgamating resources to structure new data collection efforts.

Further, via the biennial population survey, new information needed across agencies has been obtained. A biennial statewide report — "Estimating Child Care Needs in Oregon" — provides data on family demographics, household income, and child care arrangements. This report is an outgrowth of a service integration effort in that many partners — the Child Care Division, the Progress Board, the Oregon Child Care Resource and Referral Network, the Commission for Child Care, Adult and Family Services, the Commission on Children and Families, the Oregon Association for the Education of Young Children, and the Oregon Association of Child Care Directors — are working together to compile data that will be useful for planning and resource development.

CONSUMER INFORMATION

Because of Oregon's commitment to broad-based citizen input, much more attention is being generated regarding the status of Oregon's children and families. Such awareness is manifest by more consumers joining regional commissions and boards, by enhanced information sharing activities of the resource and referral agencies, and by the increased attention to child and family issues via the media — the print media in particular.

Such consumer awareness has not always been productive for children and families in that with increased suspicion of government capability in general, there has been a significant and effective attempt to curtail government spending via Ballot Measure 5. Such awareness in Oregon, then, may have had somewhat of a boomerang effect.

EQUITABLE DISTRIBUTION

While the effects on service delivery due to Oregon's service integration efforts are not yet fully evident, some notable signals point toward more equitable service distribution. For example, due to the existence of the local Commissions on Children and Families, there are planning entities in every county for the first time. Fostered by minimum grants now available to all counties, those areas that did little planning and often were unable to capitalize on state opportunities now have the mechanism and the staff to do so. Moreover, the Benchmarks have motivated service providers and agency heads to redirect their thinking toward more equitable distribution of services as there is a specific Benchmark devoted to equality of opportunity.

ABUNDANCE

The Benchmarks have helped organizations come together with common purpose. Although overall public funding has not increased, the Benchmarks — because of their articulation of young children as a priority — have helped redirect public funds toward young children, thereby increasing the number of services made available to children. Further, given the interest that the Benchmarks have engendered, there is also greater private sector support for children's efforts, which is in turn making services more accessible. Examples abound of local groups coming together to engage and link community resources around service domains; this has been particularly evident in the area of child sexual abuse and teen pregnancy prevention.

QUALITY

Because of their comparative newness, it is difficult to discern whether Oregon's service integration efforts have led to appreciable increases in the quality of services for young children and families. There are indications that the Benchmarks, in tandem with other efforts, have led to reduced rates of child abuse, teen pregnancy, and drug addiction among high school students. It is felt that with time, the synergy of the Commission on Children and Families, in conjunction with the Benchmarks process and other important efforts — including the DHR Service Integration Demonstration Projects and education reform — will yield similar results for young children and their families.

Key Issues

Despite its notable accomplishments, Oregon as a state at the cusp of invention faces significant challenges in its efforts to improve service delivery via service integration. First, there is a grave concern that with the establishment of the local Commissions and the expected devolution of service responsibility to the local level, planning efforts will focus mainly on program development — that is, on creating the delivery mechanisms, accountability systems, and staff to execute new county level functions. In the haste to accomplish this formidable change, the press to integrate services and effect broad-based systemic change might be lost.

An example of this occurred with the launching of a new Healthy Start initiative. Despite the reality that two other similar, home-based visiting efforts existed — one in the Department of Education, and one in DHR under the Division of Health — the Children's Care Team started from scratch with the Healthy Start initiative. While an effort was made to link these services at the state Commission level, the linkage has not yet occurred. At the local level, Commissions that are successful in winning the competition for the Healthy Start grants will need to decide whether to parallel the state structure and set up another program, or whether to link with already existing efforts. The point is that the press for start up of the local Commissions may be so intense as to preclude the integration focus. An assumption seems to have been made that transferring responsibility to the counties will automatically result in service integration — an assumption that warrants some examination.

A second challenge that Oregon will face earlier than many other states — because of its commitment to devolving services to the counties — is a clear delineation of which responsibilities need to be handled for which programs at which levels. While there is a fine preliminary framework to guide the thinking now, as the devolution comes to fruition, more specificity will be necessary. Careful evaluation of the current framework will also be necessary before further decisions are made.

There is some skepticism that the rationale for the devolution of authority to the counties is rooted in a cost saving goal, and that the intent is to shift costs from the state to the local level. Concerns about sufficient resources to carry out new responsibilities at the county level need to be addressed. Service integration and the transfer of services to the counties could become seriously derailed in Oregon if the populace regards these efforts as mere foils for diminished funding.

Related to the issue of the devolution of responsibility to the counties is a concern that there may be an assumption of capability at the county level. Given the local diversity mentioned, it is quite likely that counties will have diverse capacities and commitments to the Commission and the Benchmarks efforts. Plans to support less capable and less invested communities need to be strengthened.

The state, via the Benchmarks and the Commission, has adopted a wellness model as a guide to the delivery of services to Oregonians. Premised not on treatment or even intervention — which assumes risk factors — wellness is the condition to be promoted and supported for all children and families. The dilemma that such an inventive construct imposes is that serious consideration must be given to what the implementation of wellness really means. How will it change the nature of services in the future? How will it affect the balance of services between the state and the counties? The planning for the wellness orientation does not seem to be linked to the work of the Commission or the Benchmarks in explicit ways, though to be sure, each is aware of the state orientation to wellness.

There appears to be an absence of special education expertise and representation at the service integration tables. This is particularly problematic, because some of the best service integration work has been done by the special education and disabilities community. Such work does not seem to have found expression in this iteration of service integration efforts, either within the early care and education domain or across human service domains.

In addition to an absence of representation from the disabilities community, there seems to be an absence of consumers engaged in many of the service integration efforts. Parents, and strong commitments to them, are evidenced in the resource and referral efforts and in many child care efforts. In part, such responsiveness in the child care area may be due to the fact that child care is a consumer-driven industry, privately financed mostly by parents. Sadly, in spite of consumer engagement efforts, the more comprehensive service integration efforts, such as the Commission, do not seem to be driven by actual consumers of services. To compensate, however, there is a strong orientation toward checking things out with the populace in general. Some of the mechanisms that have been used so effectively in this vein could be applied to engaging consumers more systematically in the efforts.

Related to this issue is the question of the strength of the out-of-government advocacy capacity in the state. So many of the efforts seem to have their genesis in advocacy, but then become embraced in legislation. Does the legislative imprimatur alter the scope, intensity, or the nature of the issues on which advocates can take stands? Would the strength of these groups be augmented by an out-of-government advocacy capacity?

In addition to these issues, there is an interesting paradox in Oregon. Despite the extent of activity in the field of early care and education, the early care and education community has not focused its efforts on integration of services as a primary objective. Rather, the community has focused on building the capacity of the profession and on the ability of the system to help families access the support they need. There is a contentment with maintaining separate early childhood and parenting services in several departments of state government and putting the emphasis mainly on collaboration across agency lines. Incorporation of early care and education into the broader across-domain focus of the Commission on Children and Families or the Benchmarks has the potential to shift attention from important early childhood issues. As a result, early care and education advocates have remained distinct from these initiatives, largely in an effort to preserve the quality and attention that early care and education deserves. As the capacity of local Commissions grows and the understanding of early childhood issues broadens — largely through the efforts of the CCC/CCD — the opportunities for meaningful service integration of multiple domains at the local level will be likely to increase. It remains to be seen, however, how effective the current approach will be in enhancing the well-being of young children and families in Oregon.

Finally, and perhaps most fundamentally, there is an inherent contradiction between the individualistic spirit that characterizes Oregon and the collectivism that is inherent in service integration and partnerships. This is not to suggest that service integration is rendered impossible; rather, that in addition to all the complexities inherent in linking services in any context, Oregonians face the challenge of making service integration real in a context that can be contrary to the integrative ethos. As such, the accomplishments of Oregon are truly noteworthy; that the state has managed to do so much bodes well for the future of its families and children.

APPENDIX II
CONTACTS

CONTACTS IN THE FOUR STATES

The following individuals graciously answered the many questions we posed during our site visits, helped to coordinate our schedules, provided space for our interviews, child care during parent focus groups, and administrative support. We thank them all for being such willing, astute, and honest informants and hosts; our study would not have been possible without them.

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